

THE MIHOK LAW FIRM, P.C.

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August 4, 2023

Buckeye Forest at Mayfield Heights LLC  
c/o The Limited Liability Co.  
1800 Rockaway Ave, Ste. 200  
Hewlett, NY 11557


RE: Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC d/b/a Akron  
Healthcare et al.  
Case No. 5578 of 2019

Ladies and Gentlemen:

Please find enclosed a copy of the Amended Complaint for the above-referenced matter. This Amended Complaint was filed April 25, 2023 and reinstated on July 31, 2023.

Regards,

THE MIHOK LAW FIRM, P.C.

A handwritten signature in black ink that reads "Zachary Mihok". The signature is written in a cursive, flowing style.

Zachary Mihok, Paralegal

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY,  
PENNSYLVANIA CIVIL DIVISION

DEDICATED NURSING ASSOCIATES, INC.

Plaintiff,

v.

NO. 5578 OF 2019

AKRON HEALTHCARE LLC D/B/A AKRON  
HEALTHCARE; BELLEFONTAINE  
HEALTHCARE LLC D/B/A BELLEFONTAIN  
HEALTHCARE; EUCLID BEACH  
HEALTHCARE LLC D/B/A EUCLID BEACH  
HEALTHCARE; GREENVILLE  
HEALTHCARE LLC D/B/A GREENVILLE  
HEALTHCARE; NORTH OLMSTED  
HEALTHCARE LLC D/B/A NORTH  
OLMSTED HEALTHCARE; MADEIRA  
HEALTHCARE LLC D/B/A MADEIRA  
HEALTHCARE; MAYFIELD HEIGHTS  
HEALTHCARE LLC D/B/A MAYFIELD  
HEIGHTS HEALTHCARE; WATERVILLE  
HEALTHCARE LLC D/B/A WATERVILLE  
HEALTHCARE; WOODRIDGE  
HEALTHCARE LLC D/B/A WOODRIDGE  
HEALTHCARE; BOULDER OPERATIONS  
HOLDINGS LLC; HILLSTONE  
HEALTHCARE, INC.; SMZ MGMT  
HOLDINGS LLC D/B/A REACH LTC; SIRO  
MGMT BIG RIVER LLC D/B/A REACH LTC;  
SIRO MGMT ROYAL OAK LLC D/B/A  
REACH LTC; SIRO MGMT OAKWOOD LLC  
D/B/A REACH LTC; AND REACH AW  
MANAGEMENT LLC D/B/A REACH LTC;  
BUCKEYE FOREST AT AKRON LLC D/B/A  
HIGHLAND SQUARE REHABILITATION  
AND NURSING CENTER; BUCKEYE  
FOREST AT BELLEFONTAINE LLC D/B/A  
AYDEN HEALTHCARE OF BELLE  
SPRINGS; BUCKEYE FOREST AT  
CLEVELAND LLC D/B/A GARDENS OF  
EUCLID BEACH; BUCKEYE FOREST AT  
MADEIRA LLC D/B/A AYDEN  
HEALTHCARE OF MADEIRA; BUCKEYE  
FOREST AT MAYFIELD HEIGHTS LLC  
D/B/A GARDENS OF MAYFIELD HEIGHTS;

BUCKEYE FOREST AT NORTH OLMSTED  
LLC D/B/A GARDENS OF NORTH  
OLMSTED; BUCKEYE FOREST AT  
WATERVILLE LLC D/B/A AYDEN  
HEALTHCARE OF WATERVILLE;  
BUCKEYE FOREST AT FAIRFIELD LLC  
D/B/A AYDEN HEALTHCARE OF  
FAIRFIELD; SAMUEL FEUER; LARRY  
KATZ; EPHRAM LAHASKY; ELI  
LESHKOWITZ; LOLOMON  
KAZARNOVSKY; ABBA STEIN;  
MORDECHAI WEISZ; MED HEALTHCARE  
PARTNERS

Defendants.

**AMENDED COMPLAINT**

FILED ON BEHALF OF:  
PLAINTIFF

COUNSEL OF RECORD OF THIS  
PARTY:

JENNIFER TIS MIHOK, ESQUIRE  
PA ID #203751

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IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY,  
PENNSYLVANIA CIVIL DIVISION

DEDICATED NURSING ASSOCIATES, INC.

Plaintiff,

v.

Case No.

AKRON HEALTHCARE LLC D/B/A AKRON  
HEALTHCARE; BELLEFONTAINE  
HEALTHCARE LLC D/B/A BELLEFONTAIN  
HEALTHCARE; EUCLID BEACH  
HEALTHCARE LLC D/B/A EUCLID BEACH  
HEALTHCARE; GREENVILLE  
HEALTHCARE LLC D/B/A GREENVILLE  
HEALTHCARE; NORTH OLMSTED  
HEALTHCARE LLC D/B/A NORTH  
OLMSTED HEALTHCARE; MADEIRA  
HEALTHCARE LLC D/B/A MADEIRA  
HEALTHCARE; MAYFIELD HEIGHTS  
HEALTHCARE LLC D/B/A MAYFIELD  
HEIGHTS HEALTHCARE; WATERVILLE  
HEALTHCARE LLC D/B/A WATERVILLE  
HEALTHCARE; WOODRIDGE  
HEALTHCARE LLC D/B/A WOODRIDGE  
HEALTHCARE; BOULDER OPERATIONS  
HOLDINGS LLC; HILLSTONE  
HEALTHCARE, INC.; SMZ MGMT  
HOLDINGS LLC D/B/A REACH LTC; SIRO  
MGMT BIG RIVER LLC D/B/A REACH LTC;  
SIRO MGMT ROYAL OAK LLC D/B/A  
REACH LTC; SIRO MGMT OAKWOOD LLC  
D/B/A REACH LTC; AND REACH AW  
MANAGEMENT LLC D/B/A REACH LTC

Defendants.

**NOTICE AND AMENDED COMPLAINT**  
**NOTICE TO DEFEND**

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and Notice are served upon you, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a Judgment may be entered against you by the Court, without further notice, for any money claimed in the Complaint or for any other



claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.**

**IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

Lawyer Referral Service  
Westmoreland Bar Association  
P.O. Box 565  
Greensburg, PA 15601  
(724) 834-8490  
<http://lrs.westbar.org>

**COMPLAINT**

1. Plaintiff, Dedicated Nursing Associates, Inc. (“DNA”), is a corporation organized and existing under the laws of the Commonwealth of Pennsylvania with offices located in Westmoreland County at 6536 William Penn Hwy Rt. 22, Suite 202, Delmont, Pennsylvania 15626.

2. Defendant, Akron Healthcare LLC doing business as Akron Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 1211 West Market Street, Akron, Ohio 44313.

3. Defendant, Bellefontaine Healthcare LLC doing business as Bellefontaine Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 221 North School Street, Bellefontaine, Ohio 43311.

4. Defendant, Euclid Beach Healthcare LLC doing business as Euclid Beach Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 16101 Euclid Beach Boulevard, Cleveland, Ohio 44110.

5. Defendant, Greenville Healthcare LLC doing business as Greenville Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 243 Marion Drive, Greenville, Ohio 45331.

6. Defendant, North Olmsted Healthcare LLC doing business as North Olmsted Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 23225 Lorain Road, North Olmsted, Ohio 44070.

7. Defendant, Madeira Healthcare LLC doing business as Madeira Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 5970 Kenwood Road, Cincinnati, Ohio 45243.

8. Defendant, Mayfield Heights Healthcare LLC doing business as Mayfield Heights Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 6757 Mayfield Road, Mayfield Heights, Ohio 44124.

9. Defendant, Waterville Healthcare LLC doing business as Waterville Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 8885 Browning Drive, Waterville, Ohio 43566.

10. Defendant, Woodridge Healthcare LLC doing business as Woodridge Healthcare is a limited liability company organized and existing under the laws of the State of Ohio with offices located at 3801 Woodridge Boulevard, Fairfield, Ohio 45041.

11. Defendant, Boulder Operations Holdings LLC, is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of The Corporation Trust Company located at Corporation Trust Center 1209 Orange Street, Wilmington, Delaware 19801.

12. Defendant, Hillstone Healthcare, Inc. ("Defendant Hillstone") is a corporation organized and existing under the laws of the State of Ohio with offices located at 979 Brule Court, Westerville, Ohio 43081.

13. Defendant SRZ MGMT Holdings LLC d/b/a Reach LTC ("Defendant SRZ") is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.

14. Defendant SIRO MGMT Big River LLC d/b/a Reach LTC ("Defendant "Big River") is a limited liability company organized and existing under the laws of the State of

Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.

15. Defendant SIRO MGMT Royal Oak LLC d/b/a Reach LTC (“Defendant Royal Oak”) is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.

16. Defendant SIRO MGMT Oakwood LLC d/b/a Reach LTC (“Defendant Oakwood”) is a limited liability company organized and existing under the laws of the State of Delaware with a registered agent of CSC-Lawyers Incorporating Service Company located at 221 Bolivar Street, Jefferson City, Missouri 65101.

17. Defendant AW Management LLC d/b/a Reach LTC (“Defendant AW”) is a limited liability company organized and existing under the laws of the State of Missouri with a registered agent of CT Corporation System located at 120 South Central Avenue, Clayton, Missouri 63105.

18. Defendant, Buckeye Forest at Akron LLC d/b/a Highland Square Rehabilitation and Nursing Center is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a registered agent of National Registered Agents, Inc., 4400 Easton Commons Way, Suite 125, Columbus, OH 43219.

19. Defendant, Buckeye Forest at Bellefontaine LLC d/b/a Ayden Healthcare of Belle Springs is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

20. Defendant, Buckeye Forest at Cleveland LLC d/b/a Gardens of Euclid Beach is a limited liability company organized under the laws of Delaware and registered to do business in the State of Ohio with offices located at 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

21. Defendant, Buckeye Forest at Greenville LLC d/b/a Ayden Healthcare of Greenville is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

22. Defendant, Buckeye Forest at Madeira LLC d/b/a Ayden Healthcare of Madeira is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

23. Defendant, Buckeye Forest at Mayfield Heights LLC d/b/a Gardens of Mayfield Heights is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

24. Defendant, Buckeye Forest at North Olmsted LLC d/b/a Gardens of North Olmsted is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

25. Defendant, Buckeye Forest at Waterville LLC d/b/a Ayden Healthcare of Waterville is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557.

26. Defendant, Buckeye Forest at Fairfield LLC d/b/a Ayden Healthcare of Fairfield is a limited liability company organized under the laws of New York State and registered to do business in the State of Ohio with a Service of Process Name and Address of The Limited Liability Company, 1800 Rockaway Avenue, Suite 200, Hewlett, NY 11557. Ayden Healthcare of Fairfield is a fictitious name with a Registered Agent of Buckeye Forest at Fairfield LLC, 3801 Woodridge Boulevard, Fairfield, OH 45014.

27. Defendant, Samuel Feuer is an adult individual residing and receiving mail at 1383 E 26<sup>th</sup> Street, Brooklyn, New York 11210-5240.

28. Defendant Larry Katz is an adult individual residing and receiving mail at 79 Forshay Road, Monsey, New York 10952-1401.

29. Defendant, Ephram Lahasky is an adult individual residing and receiving mail at 34 Lord Avenue, Lawrence, New York 11559.

30. Defendant, Eli Leshkowitz is an adult individual residing and receiving mail at 1739 52<sup>nd</sup> Street, Brooklyn, New York 11204.

31. Defendant, Solomon Kazarnovsky, is an adult individual residing and receiving mail at 13 Bartlett Road, Monsey, New York 10952.

32. Defendant, Abba Stein is an adult individual residing and receiving mail at 657 Colfax Place, Valley Stream, New York 11581.

33. Defendant, Mordechai Weisz is an adult individual residing and receiving mail at 1 Marisa Drive, Spring Valley, New York 10977.

34. Defendant, Med Healthcare Partners is a limited liability company organized and existing under the laws of the state of Delaware with a registered agent of VCORP SERVICES, LLC located at 1013 Centre Road, Suite 403-B, Wilmington, Delaware 19805.

### **JURISDICTION**

35. Jurisdiction and venue properly rest in this honorable Court because the transactions out of which this cause of action arose occurred in Westmoreland County and the payments due under the contracts entered into between Plaintiff and Defendant were due at Plaintiff's place of business located in Westmoreland County.

### **FACTUAL BACKGROUND**

36. Defendants, Akron, Bellefontaine, Euclid, Greenville, Olmsted, Madeira, Mayfield, Waterville and Woodridge are skilled nursing facilities (individually "Facility"; collectively the "Facilities").

37. The Facilities are owned by Defendant, Boulder Operations Holdings LLC and were owned by Defendant, Boulder during the time period in which the transactions which gave rise to this cause of action took place.

38. DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides and other medical assistance with particular skills and experience.

39. Defendant Boulder and Defendant Facilities were in need of personnel with the skill and experience that DNA provides.

40. Plaintiff initially filed the instant action against Defendants, Akron Healthcare LLC d/b/a Akron Healthcare; Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare; Euclid Beach Healthcare LLC d/b/a Euclid Beach Healthcare; Greenville Healthcare LLC d/b/a Greenville Healthcare; North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare; Madeira Healthcare LLC d/b/a Madeira Healthcare; Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare; Waterville Healthcare LLC d/b/a Waterville Healthcare; Woodridge Healthcare LLC d/b/a Woodridge Healthcare; Boulder Operations Holdings LLC; Hillstone Healthcare, Inc.; SMZ Mgmt Holdings LLC d/b/a Reach LTC; SIRO Mgmt Big River LLC d/b/a

Reach LTC; Siro Mgmt Royal Oak LLC d/b/a Reach LTC; SIRO Mgmt Oakwood LLC d/b/a Reach LTC; and/or Reach AW Management LLC d/b/a Reach LTC (collectively the “Initial Defendants”) on or about November 1, 2019.

41. After litigating this matter for approximately 3 years, on or about August 25, 2022, Plaintiff’s Ohio office received a Notice of Chapter 7 Bankruptcy Case filed by Boulder Operations Holdings LLC in the United States Bankruptcy Court for the District of Delaware as well as notice of a Section 341 Meeting of Creditors associated with Chapter 7 bankruptcy filings by, *inter alia*, Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, Maderia Healthcare LLC, Mayfield Heights Healthcare LLC, North Olmsted Healthcare LLC, Waterville Healthcare, LLC, and Woodridge Healthcare LLC (collectively, the “Bankruptcy Action”).

42. Plaintiff’s counsel contacted Defendant’s counsel to discuss the same, however, Defendant’s counsel stated that he was previously unaware of the Bankruptcy Action.

43. Plaintiff’s counsel attended the telephonic Section 341 Meeting of Creditors on September 12, 2022.

44. Susan Koenig testified on behalf of the debtors.

45. Ms. Koenig testified that all of the Facilities were sold on December 31, 2021 to Med Healthcare Partners for \$145 million.

46. Ms. Koenig further testified that the Facilities continue to operate, under new ownership, and that no notice of the sale was provided to creditors of the Facilities.



**COUNT I - BREACH OF CONTRACT**

***(Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC)***

47. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

48. On or about February 18, 2019, DNA and Defendant Akron, also known as Highland Square Nursing and Rehab, entered into a written contract ("Akron Contract") whereby DNA would provide nursing personnel to Defendant Akron.

49. A true and correct copy of the Akron Contract is attached hereto, marked Exhibit "1" and made a part hereof.

50. Pursuant to the Akron Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

51. Pursuant to the Akron Contract and at the special instance and request of the Defendant Akron, DNA began providing nursing personnel to Defendant Akron as is more particularly set forth in DNA's Invoices.

52. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "2", and made a part hereof.

53. Defendant Akron received and accepted the aforementioned nursing and nursing aides' services.

54. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

55. The prices charged by DNA were the prices that Defendant Akron agreed to pay.

56. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 2.

57. DNA avers that the balance due amounts to \$406.40, as is more specifically shown by DNA's Statement of Account.

58. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "3", and made a part hereof.

59. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

60. Although repeatedly requested to do so by DNA, Defendant Akron has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

61. Despite providing nursing personnel to Defendant Akron in good faith and per Defendant Akron's request, Defendant Akron has failed to make payments to DNA in accordance with the terms of the Akron Contract.

62. Defendant Akron has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

63. Defendant Akron's failure to pay DNA is a breach of the Akron Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Akron Healthcare LLC d/b/a Akron Healthcare, in the amount of \$406.40 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT II - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Bellefontaine Healthcare LLC)***

64. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

65. On or about May 9, 2019, DNA and Defendant Bellefontaine entered into a written contract ("Bellefontaine Contract") whereby DNA would provide nursing personnel to Defendant Bellefontaine.

66. A true and correct copy of the Bellefontaine Contract is attached hereto, marked Exhibit "4" and made a part hereof.

67. Pursuant to the Bellefontaine Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

68. Pursuant to the Bellefontaine Contract and at the special instance and request of the Defendant Bellefontaine, DNA began providing nursing personnel to Defendant Bellefontaine as is more particularly set forth in DNA's Invoices.

69. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "5", and made a part hereof.

70. Defendant Bellefontaine received and accepted the aforementioned nursing and nursing aides' services.

71. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

72. The prices charged by DNA were the prices that Defendant Bellefontaine agreed to pay.

73. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 5.

74. DNA avers that the balance due amounts to \$274,655.55, as is more specifically shown by DNA's Statement of Account.

75. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "6", and made a part hereof.

76. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

77. Although repeatedly requested to do so by DNA, Defendant Bellefontaine has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

78. Despite providing nursing personnel to Defendant Bellefontaine in good faith and per Defendant Bellefontaine's request, Defendant Bellefontaine has failed to make payments to DNA in accordance with the terms of the Bellefontaine Contract.

79. Defendant Bellefontaine has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

80. Defendant Bellefontaine's failure to pay DNA is a breach of the Bellefontaine Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare, in the amount of \$274,655.55 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT III - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Euclid Beach Healthcare LLC)***

81. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

82. On or about February 8, 2019, DNA and Defendant Euclid Beach entered into a written contract ("EB Contract") whereby DNA would provide nursing personnel to Defendant Euclid Beach.

83. A true and correct copy of the EB Contract is attached hereto, marked Exhibit "7" and made a part hereof.

84. Pursuant to the EB Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

85. Pursuant to the EB Contract and at the special instance and request of the Defendant Euclid Beach, DNA began providing nursing personnel to Defendant Euclid Beach as is more particularly set forth in DNA's Invoices.

86. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "8", and made a part hereof.

87. Defendant Euclid Beach received and accepted the aforementioned nursing and nursing aides' services.

88. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

89. The prices charged by DNA were the prices that Defendant Euclid Beach agreed to pay.

90. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 8.

91. DNA avers that the balance due amounts to \$86,153.47 as is more specifically shown by DNA's Statement of Account.

92. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "9", and made a part hereof.

93. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

94. Although repeatedly requested to do so by DNA, Defendant Euclid Beach has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

95. Despite providing nursing personnel to Defendant Euclid Beach in good faith and per Defendant Euclid Beach's request, Defendant Euclid Beach has failed to make payments to DNA in accordance with the terms of the EB Contract.

96. Defendant Euclid Beach has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

97. Defendant Euclid Beach's failure to pay DNA is a breach of the EB Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Euclid Beach Healthcare LLC d/b/a Euclid Beach Healthcare, in the amount of \$86,153.47 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT IV - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Greenville Healthcare LLC)***

98. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

99. On or about July 2, 2019, DNA and Defendant Greenville entered into a written contract ("Greenville Contract") whereby DNA would provide nursing personnel to Defendant Greenville.

100. A true and correct copy of the Greenville Contract is attached hereto, marked Exhibit "10" and made a part hereof.

101. Pursuant to the Greenville Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

102. Pursuant to the Greenville Contract and at the special instance and request of the Defendant Greenville, DNA began providing nursing personnel to Defendant Greenville as is more particularly set forth in DNA's Invoices.

103. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "11", and made a part hereof.

104. Defendant Greenville received and accepted the aforementioned nursing and nursing aides' services.

105. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

106. The prices charged by DNA were the prices that Defendant Greenville agreed to pay.

107. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 11.

108. DNA avers that the balance due amounts to \$181,058.91, as is more specifically shown by DNA's Statement of Account.

109. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "12", and made a part hereof.

110. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

111. Although repeatedly requested to do so by DNA, Defendant Greenville has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

112. Despite providing nursing personnel to Defendant Greenville in good faith and per Defendant Greenville's request, Defendant Greenville has failed to make payments to DNA in accordance with the terms of the Greenville Contract.

113. Defendant Greenville has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

114. Defendant Greenville's failure to pay DNA is a breach of the Greenville Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Greenville Healthcare LLC d/b/a Greenville Healthcare, in the amount of \$181,058.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT V - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. North Olmsted Healthcare LLC)***

115. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

116. On or about January 18, 2019, DNA and Defendant Olmsted entered into a written contract ("Olmsted Contract") whereby DNA would provide nursing personnel to Defendant Olmsted.

117. A true and correct copy of the Olmsted Contract is attached hereto, marked Exhibit "13" and made a part hereof.

118. Pursuant to the Olmsted Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

119. Pursuant to the Olmsted Contract and at the special instance and request of the Defendant Olmsted, DNA began providing nursing personnel to Defendant Olmsted as is more particularly set forth in DNA's Invoices.

120. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "14", and made a part hereof.

121. Defendant Olmsted received and accepted the aforementioned nursing and nursing aides' services.

122. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.



123. The prices charged by DNA were the prices that Defendant Olmsted agreed to pay.

124. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 14.

125. DNA avers that the balance due amounts to \$11,531.31, as is more specifically shown by DNA's Statement of Account.

126. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "15", and made a part hereof.

127. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

128. Although repeatedly requested to do so by DNA, Defendant Olmsted has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

129. Despite providing nursing personnel to Defendant Olmsted in good faith and per Defendant Olmsted's request, Defendant Olmsted has failed to make payments to DNA in accordance with the terms of the Olmsted Contract.

130. Defendant Olmsted has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

131. Defendant Olmsted's failure to pay DNA is a breach of the Olmsted Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare, in the amount of \$11,531.31 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT VI - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Madeira Healthcare LLC)***

132. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

133. On or about January 3, 2019, DNA and Defendant Madeira entered into a written contract (“Madeira Contract”) whereby DNA would provide nursing personnel to Defendant Madeira.

134. A true and correct copy of the Madeira Contract is attached hereto, marked Exhibit “16” and made a part hereof.

135. Pursuant to the Madeira Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

136. Pursuant to the Madeira Contract and at the special instance and request of the Defendant Madeira, DNA began providing nursing personnel to Defendant Madeira as is more particularly set forth in DNA’s Invoices.

137. True and correct copies of DNA’s Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit “17”, and made a part hereof.

138. Defendant Madeira received and accepted the aforementioned nursing and nursing aides’ services.

139. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

140. The prices charged by DNA were the prices that Defendant Madeira agreed to pay.

141. Payments were due at DNA’s place of business as evidenced by Plaintiff’s Invoices. See, Exhibit 17.

142. DNA avers that the balance due amounts to \$11,006.25, as is more specifically shown by DNA’s Statement of Account.

143. A true and correct copy of DNA’s Statement of Account is attached hereto, marked Exhibit “18”, and made a part hereof.

144. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

145. Although repeatedly requested to do so by DNA, Defendant Madeira has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

146. Despite providing nursing personnel to Defendant Madeira in good faith and per Defendant Madeira's request, Defendant Madeira has failed to make payments to DNA in accordance with the terms of the Madeira Contract.

147. Defendant Madeira has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

148. Defendant Madeira's failure to pay DNA is a breach of the Madeira Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Madeira Healthcare LLC d/b/a Madeira Healthcare, in the amount of \$11,006.25 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT VII - BREACH OF CONTRACT**

*(Dedicated Nursing Associates, Inc. v. Mayfield Heights Healthcare LLC)*

149. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

150. On or about January 14, 2019, DNA and Defendant Mayfield entered into a written contract ("Mayfield Contract") whereby DNA would provide nursing personnel to Defendant Mayfield.

151. A true and correct copy of the Mayfield Contract is attached hereto, marked Exhibit "19" and made a part hereof.

152. Pursuant to the Mayfield Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

153. Pursuant to the Mayfield Contract and at the special instance and request of the Defendant Mayfield, DNA began providing nursing personnel to Defendant Mayfield as is more particularly set forth in DNA's Invoices.

154. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "20", and made a part hereof.

155. Defendant Mayfield received and accepted the aforementioned nursing and nursing aides' services.

156. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

157. The prices charged by DNA were the prices that Defendant Mayfield agreed to pay.

158. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 20.

159. DNA avers that the balance due amounts to \$569.86, as is more specifically shown by DNA's Statement of Account.

160. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "21", and made a part hereof.

161. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

162. Although repeatedly requested to do so by DNA, Defendant Mayfield has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

163. Despite providing nursing personnel to Defendant Mayfield in good faith and per Defendant Mayfield's request, Defendant Mayfield has failed to make payments to DNA in accordance with the terms of the Mayfield Contract.

164. Defendant Mayfield has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

165. Defendant Mayfield's failure to pay DNA is a breach of the Mayfield Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare, in the amount of \$569.86 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT VIII - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Waterville Healthcare LLC)***

166. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

167. On or about March 5, 2019, DNA and Defendant Waterville entered into a written contract ("Waterville Contract") whereby DNA would provide nursing personnel to Defendant Waterville.

168. A true and correct copy of the Waterville Contract is attached hereto, marked Exhibit "22" and made a part hereof.

169. Pursuant to the Waterville Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

170. Pursuant to the Waterville Contract and at the special instance and request of the Defendant Waterville, DNA began providing nursing personnel to Defendant Waterville as is more particularly set forth in DNA's Invoices.

171. True and correct copies of DNA's Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit "23", and made a part hereof.

172. Defendant Waterville received and accepted the aforementioned nursing and nursing aides' services.

173. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

174. The prices charged by DNA were the prices that Defendant Waterville agreed to pay.

175. Payments were due at DNA's place of business as evidenced by Plaintiff's Invoices. See, Exhibit 23.

176. DNA avers that the balance due amounts to \$107,672.03, as is more specifically shown by DNA's Statement of Account.

177. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "24", and made a part hereof.

178. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

179. Although repeatedly requested to do so by DNA, Defendant Waterville has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

180. Despite providing nursing personnel to Defendant Waterville in good faith and per Defendant Waterville's request, Defendant Waterville has failed to make payments to DNA in accordance with the terms of the Waterville Contract.

181. Defendant Waterville has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

182. Defendant Waterville's failure to pay DNA is a breach of the Waterville Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Waterville Healthcare LLC d/b/a Waterville Healthcare, in the amount of \$107,672.03 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT IX - BREACH OF CONTRACT**  
***(Dedicated Nursing Associates, Inc. v. Woodridge Healthcare LLC)***

183. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

184. On or about March 18, 2019, DNA and Defendant Woodridge entered into a written contract (“Woodridge Contract”) whereby DNA would provide nursing personnel to Defendant Woodridge.

185. A true and correct copy of the Woodridge Contract is attached hereto, marked Exhibit “25” and made a part hereof.

186. Pursuant to the Woodridge Contract, the parties agreed to litigate any disputes in the Court of Common Pleas of Westmoreland County.

187. Pursuant to the Woodridge Contract and at the special instance and request of the Defendant Woodridge, DNA began providing nursing personnel to Defendant Woodridge as is more particularly set forth in DNA’s Invoices.

188. True and correct copies of DNA’s Invoices, which are incorporated as if fully re-written herein, are attached hereto, collectively marked Exhibit “26”, and made a part hereof.

189. Defendant Woodridge received and accepted the aforementioned nursing and nursing aides’ services.

190. The prices charged by DNA were the fair, reasonable and market prices that prevailed at the times of the transactions.

191. The prices charged by DNA were the prices that Defendant Woodridge agreed to pay.

192. Payments were due at DNA’s place of business as evidenced by Plaintiff’s Invoices. See, Exhibit 26.

193. DNA avers that the balance due amounts to \$52,412.91, as is more specifically shown by DNA's Statement of Account.

194. A true and correct copy of DNA's Statement of Account is attached hereto, marked Exhibit "27", and made a part hereof.

195. DNA claims interest at the rate of 1.5% per month as damages on the balance due and owing.

196. Although repeatedly requested to do so by DNA, Defendant Woodridge has willfully failed and refused to pay the aforesaid balance, interest, or any part thereof to DNA.

197. Despite providing nursing personnel to Defendant Woodridge in good faith and per Defendant Woodridge's request, Defendant Woodridge has failed to make payments to DNA in accordance with the terms of the Woodridge Contract.

198. Defendant Woodridge has failed to pay the principal balance, interest, or any part thereof to DNA as of the present date.

199. Defendant Woodridge's failure to pay DNA is a breach of the Woodridge Contract.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Woodridge Healthcare LLC d/b/a Woodridge Healthcare, in the amount of \$52,412.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT X – UNJUST ENRICHMENT (in the alternative to Count I)**  
***(Dedicated Nursing Associates, Inc. v. Akron Healthcare LLC)***

200. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.



201. To the extent that Defendant Akron denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count I, that Defendant Akron has been unjustly enriched.

203. DNA provided Defendant Akron with nursing personnel at the special instance and request of Defendant Akron for the purpose of continuing operations at the Akron Facility.

204. Defendant Akron realized the benefit of said nursing personnel.

205. To allow Defendant Akron to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

206. DNA has been damaged in the principal amount of \$225.00, representing the value of said nursing personnel.

207. Although repeatedly requested to do so by DNA, Defendant Akron has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Akron Healthcare LLC d/b/a Akron Healthcare, in the alternative to Count I, in the amount of \$225.00.

**COUNT XI – UNJUST ENRICHMENT (in the alternative to Count II)**  
***(Dedicated Nursing Associates, Inc. v. Bellefontaine Healthcare LLC)***

208. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

209. To the extent that Defendant Bellefontaine denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count II, that Defendant Bellefontaine has been unjustly enriched.

210. DNA provided Defendant Bellefontaine with nursing personnel at the special instance and request of Defendant Bellefontaine for the purpose of continuing operations at the Bellefontaine Facility.

211. Defendant Bellefontaine realized the benefit of said nursing personnel.

212. To allow Defendant Bellefontaine to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

213. DNA has been damaged in the principal amount of \$153,732.19, representing the value of said nursing personnel.

214. Although repeatedly requested to do so by DNA, Defendant Bellefontaine has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Bellefontaine Healthcare LLC d/b/a Bellefontaine Healthcare, in the alternative to Count I, in the amount of \$153,732.19.

**COUNT XII – UNJUST ENRICHMENT (in the alternative to Count III)**  
***(Dedicated Nursing Associates, Inc. v. Euclid Beach Healthcare LLC)***

215. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

216. To the extent that Defendant Euclid Beach denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count III, that Defendant Euclid Beach has been unjustly enriched.

217. DNA provided Defendant Euclid Beach with nursing personnel at the special instance and request of Defendant Euclid Beach for the purpose of continuing operations at the Euclid Beach Facility.

218. Defendant Euclid Beach realized the benefit of said nursing personnel.

219. To allow Defendant Euclid Beach to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

220. DNA has been damaged in the principal amount of \$40,938.85, representing the value of said nursing personnel.

221. Although repeatedly requested to do so by DNA, Defendant Euclid Beach has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Euclid Beach Healthcare LLC d/b/a Euclid Beach Healthcare, in the alternative to Count III, in the amount of \$40,938.85.

**COUNT XIII – UNJUST ENRICHMENT (in the alternative to Count IV)**  
***(Dedicated Nursing Associates, Inc. v. Greenville Healthcare LLC)***

222. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

223. To the extent that Defendant Greenville denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count IV, that Defendant Greenville has been unjustly enriched.

224. DNA provided Defendant Greenville with nursing personnel at the special instance and request of Defendant Greenville for the purpose of continuing operations at the Greenville Facility.

225. Defendant Greenville realized the benefit of said nursing personnel.

226. To allow Defendant Greenville to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

227. DNA has been damaged in the principal amount of \$100,778.77, representing the value of said nursing personnel.

228. Although repeatedly requested to do so by DNA, Defendant Greenville has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Greenville Healthcare LLC d/b/a Greenville Healthcare, in the alternative to Count IV, in the amount of \$100,778.77.

**COUNT XIV – UNJUST ENRICHMENT (in the alternative to Count V)**  
***(Dedicated Nursing Associates, Inc. v. North Olmsted Healthcare LLC)***

229. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

230. To the extent that Defendant Olmsted denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count V, that Defendant Olmsted has been unjustly enriched.

231. DNA provided Defendant Olmsted with nursing personnel at the special instance and request of Defendant Olmsted for the purpose of continuing operations at the Olmsted Facility.

232. Defendant Olmsted realized the benefit of said nursing personnel.

233. To allow Defendant Olmsted to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

234. DNA has been damaged in the principal amount of \$6,385.75, representing the value of said nursing personnel.

235. Although repeatedly requested to do so by DNA, Defendant Olmsted has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, North Olmsted Healthcare LLC d/b/a North Olmsted Healthcare, in the alternative to Count V, in the amount of \$6,385.75.

**COUNT XV – UNJUST ENRICHMENT (in the alternative to Count VI)**  
***(Dedicated Nursing Associates, Inc. v. Madeira Healthcare LLC)***

236. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

237. To the extent that Defendant Madeira denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VI, that Defendant Madeira has been unjustly enriched.

238. DNA provided Defendant Madeira with nursing personnel at the special instance and request of Defendant Madeira for the purpose of continuing operations at the Madeira Facility.

239. Defendant Madeira realized the benefit of said nursing personnel.

236. To allow Defendant Madeira to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

240. DNA has been damaged in the principal amount of \$5,995.75, representing the value of said nursing personnel.

241. Although repeatedly requested to do so by DNA, Defendant Madeira has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Madeira Healthcare LLC d/b/a Madeira Healthcare, in the alternative to Count VI, in the amount of \$5,995.75.

**COUNT XVI – UNJUST ENRICHMENT (in the alternative to Count VII)**  
***(Dedicated Nursing Associates, Inc. v. Mayfield Heights Healthcare LLC)***

242. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

243. To the extent that Defendant Mayfield denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VII, that Defendant Mayfield has been unjustly enriched.

244. DNA provided Defendant Mayfield with nursing personnel at the special instance and request of Defendant Mayfield for the purpose of continuing operations at the Mayfield Facility.

245. Defendant Mayfield realized the benefit of said nursing personnel.

246. To allow Defendant Mayfield to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

247. DNA has been damaged in the principal amount of \$320.00, representing the value of said nursing personnel.

248. Although repeatedly requested to do so by DNA, Defendant Mayfield has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Mayfield Heights Healthcare LLC d/b/a Mayfield Heights Healthcare, in the alternative to Count VII, in the amount of \$320.00.

**COUNT XVII – UNJUST ENRICHMENT (in the alternative to Count VIII)**  
***(Dedicated Nursing Associates, Inc. v. Waterville Healthcare LLC)***

249. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

250. To the extent that Defendant Waterville denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count VIII, that Defendant Waterville has been unjustly enriched.

251. DNA provided Defendant Waterville with nursing personnel at the special instance and request of Defendant Waterville for the purpose of continuing operations at the Waterville Facility.

252. Defendant Waterville realized the benefit of said nursing personnel.

253. To allow Defendant Waterville to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

254. DNA has been damaged in the principal amount of \$59,164.83, representing the value of said nursing personnel.

255. Although repeatedly requested to do so by DNA, Defendant Waterville has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Waterville Healthcare LLC d/b/a Waterville Healthcare, in the alternative to Count VIII, in the amount of \$59,164.83.

**COUNT XVIII – UNJUST ENRICHMENT (in the alternative to Count IX)**  
***(Dedicated Nursing Associates, Inc. v. Woodridge Healthcare LLC)***

256. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

257. To the extent that Defendant Woodridge denies the existence of an express agreement in this matter, which is denied, then DNA alleges, in the alternative to Count IX, that Defendant Woodridge has been unjustly enriched.

258. DNA provided Defendant Woodridge with nursing personnel at the special instance and request of Defendant Woodridge for the purpose of continuing operations at the Woodridge Facility.

259. Defendant Woodridge realized the benefit of said nursing personnel.

260. To allow Defendant Woodridge to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

261. DNA has been damaged in the principal amount of \$27,336.28, representing the value of said nursing personnel.

262. Although repeatedly requested to do so by DNA, Defendant Woodridge has willfully failed and refused to pay the aforesaid principal balance to Plaintiff.

WHEREFORE, Plaintiff, Dedicated Nursing Associates, Inc., demands judgment against Defendant, Woodridge Healthcare LLC d/b/a Woodridge Healthcare, in the alternative to Count IX, in the amount of \$27,336.28.

**COUNT XIX – UNJUST ENRICHMENT**

*(Dedicated Nursing Associates, Inc. v. Boulder Operations Holdings LLC)*

263. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

264. Upon information and belief, including Ownership Information from Medicare's website, Boulder Operations Holdings LLC owned and operated Defendant Waterville, Defendant Mayfield, Defendant Olmsted, Defendant Euclid, Defendant Bellefontaine and Defendant Akron at the time(s) at which the transactions which form the subject matter of this Complaint took place.

See, "Billing Information" in Exhibits 1, 4, 7, 13, 19, and 22.

265. True and correct copies of the Ownership Information from Medicare's website for each Defendant Facility are attached hereto, collectively marked Exhibit "28" and made a part hereof.

266. On information and belief, Defendant Boulder continues to own and operate Defendant Waterville, Defendant Mayfield, Defendant Olmsted, Defendant Euclid, Defendant Bellefontaine and Defendant Akron as well as the other Defendant Facilities.



267. On information and belief, Defendant Boulder receives profits from its ownership of the Facilities.

268. It has become increasingly common in the nursing, rehabilitation and assisted living industry for skilled nursing facilities to be sold and purchased quickly, frequently and without notice to vendors or provisions for creditors.

269. These practices are designed *inter alia* to attempt to avoid vendors' invoices and existing creditors.

270. At the special instance and request of the Facilities, DNA provided nursing personnel to the Facilities, as is more particularly set forth in DNA's Invoices. See, Exhibits 2, 5, 8, 11, 14, 17, 20, 23 and 26.

271. Without the nursing personnel provided by DNA, the Facilities would not have been able to continue operations.

272. Defendant Boulder realized the benefit of said nursing personnel as the Facilities were able to continue operating and, and therefore, continue to generate income.

273. Upon information and belief, Defendant Boulder was aware of the use of DNA's nursing personnel.

274. To allow Defendant Boulder to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

275. DNA has been damaged in the principal amount of \$260,766.62, representing the value of said nursing personnel.

276. Although repeatedly requested to do so by DNA, Defendant Boulder has willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendant, Boulder Operations Holdings LLC, in the amount of \$260,766.62.

**COUNT XX – UNJUST ENRICHMENT**  
***(Dedicated Nursing Associates, Inc. v. Hillstone Healthcare, Inc.)***

277. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

278. Upon information and belief, Defendant Hillstone had an ownership interest in operated Defendant Woodridge and Defendant Bellefontaine at the time(s) at which the transactions which form the subject matter of this Complaint took place. See, “Billing Information”: “Company Billing Name” in Exhibits 4, and 25.

279. Upon information and belief, Defendant Hillstone received and may still receive profits from its ownership of Defendant Woodridge and Defendant Bellefontaine.

280. At the special instance and request of the Defendant Woodridge and Defendant Bellefontaine, DNA provided nursing personnel to Defendant Woodridge and Defendant Bellefontaine, as is more particularly set forth in DNA’s Invoices. See, Exhibits 5 and 26.

281. Without the nursing personnel provided by DNA, the Defendant Woodridge and Defendant Bellefontaine would not have been able to continue operations.

282. Defendant Hillstone realized the benefit of said nursing personnel as Defendant Woodridge and Defendant Bellefontaine were able to continue operating and, and therefore, continue to generate income.

283. Upon information and belief, Defendant Hillstone was aware of the use of DNA’s nursing personnel.

284. To allow Defendant Hillstone to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

285. DNA has been damaged in the principal amount of \$181,068.47, representing the value of said nursing personnel.

286. Although repeatedly requested to do so by DNA, Defendant Hillstone has willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendant, Hillstone Healthcare, Inc., in the amount of \$181,068.47.

**COUNT XXI – UNJUST ENRICHMENT**

***(Dedicated Nursing Associates, Inc. v. SRZ MGMT Holdings LLC, SIRO MGMT Big River LLC, SIRO MGMT Royal Oak LLC, SIRO MGMT Oakwood LLC and Reach AW Management LLC, jointly and severally)***

287. DNA incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

288. Upon information and belief, “Reach LTC” had had an ownership interest in Defendant Greenville at the time(s) at which the transactions which form the subject matter of this Complaint took place. See, “Billing Information”: “Company Billing Name” in Exhibit 10.

289. Reach LTC is a fictitious name registered with the Missouri Secretary of State.

290. A true and correct copy of the information generated for “Reach LTC” pursuant to the website for the Missouri Secretary of State is attached hereto, marked Exhibit “29” and made a part hereof.

291. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW are the owners of “Reach LTC”.

292. True and correct copies of the Registration of Fictitious name for “Reach LTC” by Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW are attached hereto, collectively marked “Exhibit 30” and made a part hereof.

293. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW received and may still receive profits from its ownership of Defendant Greenville.

294. At the special instance and request of the Defendant Greenville, DNA provided nursing personnel to Defendant Greenville, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.

295. Without the nursing personnel provided by DNA, the Defendant Greenville would not have been able to continue operations.

296. Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW realized the benefit of said nursing personnel as Defendant Greenville was able to continue operating and, and therefore, continue to generate income.

297. Upon information and belief, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW were aware of the use of DNA's nursing personnel.

298. To allow Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

299. DNA has been damaged in the principal amount of \$100,778.77, representing the value of said nursing personnel.

300. Although repeatedly requested to do so by DNA, Defendant SRZ, Defendant Big River, Defendant Royal Oak, Defendant Oakwood and Defendant AW have willfully failed and refused to pay the aforesaid principal balance to DNA.

WHEREFORE, Plaintiff demands judgment against Defendants SRZ MGMT Holdings LLC d/b/a Reach LTC, SIRO MGMT Big River LLC d/b/a Reach LTC, SIRO MGMT Royal Oak LLC d/b/a Reach LTC, SIRO MGMT Oakwood LLC d/b/a Reach LTC and Reach AW Management LLC d/b/a Reach LTC, jointly and severally, in the amount of \$100,778.77.

**COUNT XXII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT AKRON  
LLC D/B/A HIGHLAND SQUARE REHABILITATION AND NURSING CENTER**

301. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

302. Highland Square Rehabilitation and Nursing Center is a registered trade name owned by Buckeye Forest at Akron LLC.

303. A true and correct copy of the Trade Name Registration for Highland Square Rehabilitation and Nursing Center is attached hereto, marked Exhibit “31” and made a part hereof.

304. Pursuant to Medicare.gov, the legal business name of Highland Square Rehabilitation and Nursing Center is Buckeye Forest at Akron LLC.

305. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “32” and made a part hereof.

306. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Highland Square Rehabilitation and Nursing Center Facility.

307. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

308. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

309. As a result, the purchaser, Akron Buckeye, assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Akron LLC d/b/a Highland Square Rehabilitation and Nursing Center in the amount of \$406.40 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXIII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT BELLEFONTAINE LLC D/B/A AYDEN HEALTHCARE OF BELLE SPRINGS**

310. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

311. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Belle Springs is Buckeye Forest at Bellefontaine LLC.

312. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “33” and made a part hereof.

313. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Belle Springs Facility.

314. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

315. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

316. As a result, the purchaser, Buckeye Forest at Bellefontaine LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Bellefontaine LLC d/b/a Ayden Healthcare of Belle Springs in the amount of \$274,655.55 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXIV – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT  
CLEVELAND LLC D/B/A GARDENS OF EUCLID BEACH**

317. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

318. Gardens of Euclid Beach is a registered trade name owned by Buckeye Forest at Cleveland LLC.

319. A true and correct copy of the Trade Name Registration for Gardens of Euclid Beach is attached hereto, marked Exhibit “34” and made a part hereof.

320. Pursuant to Medicare.gov, the legal business name of Gardens of Euclid Beach is Buckeye Forest at Cleveland LLC.

321. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit 35” and made a part hereof.

322. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of Euclid Beach Facility.

323. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

324. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

325. As a result, the purchaser, Buckeye Forest at Cleveland LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Cleveland LLC d/b/a Gardens of Euclid Beach in the amount of \$86,153.47 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXV – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT GREENVILLE LLC D/B/A AYDEN HEALTHCARE OF GREENVILLE**

326. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

327. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Greenville is Buckeye Forest at Greenville LLC.

328. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “36” and made a part hereof.

329. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Greenville Facility.

330. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

331. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

332. As a result, the purchaser, Buckeye Forest at Greenville LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Greenville LLC d/b/a Ayden Healthcare of Greenville in the amount of \$181,058.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.



**COUNT XXVI – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT MADEIRA LLC D/B/A AYDEN HEALTHCARE OF MADEIRA**

333. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

334. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Madeira is Buckeye Forest at Madeira LLC.

335. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “37” and made a part hereof.

336. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Madeira Facility.

337. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

338. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

339. As a result, the purchaser, Buckeye Forest at Madeira LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Madeira LLC d/b/a Ayden Healthcare of Madeira in the amount of \$11,006.25 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXVII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC D/B/A GARDENS OF MAYFIELD HEIGHTS**

340. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

341. Gardens of Mayfield Heights is a registered trade name owned by Buckeye Forest at Mayfield Heights LLC.

342. A true and correct copy of the Trade Name Registration for Gardens of Mayfield Heights is attached hereto, marked Exhibit “38” and made a part hereof.

343. Pursuant to Medicare.gov, the legal business name of Gardens of Mayfield Heights is Buckeye Forest at Mayfield Heights LLC.

344. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “39” and made a part hereof.

345. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of Mayfield Heights Facility.

346. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

347. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

348. As a result, the purchaser, Buckeye Forest at Mayfield Heights LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Mayfield Heights LLC d/b/a Gardens of Mayfield Heights in the amount of \$569.86 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXVIII – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT NORTH  
OLMSTED LLC D/B/A GARDENS OF NORTH OLMSTED**

349. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

350. Gardens of North Olmsted is a registered trade name owned by Buckeye Forest at North Olmsted LLC.

351. A true and correct copy of the Trade Name Registration for Gardens of North Olmsted is attached hereto, marked Exhibit “40” and made a part hereof.

352. Pursuant to Medicare.gov, the legal business name of Gardens of North Olmsted is Buckeye Forest at North Olmsted LLC.

353. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit 41” and made a part hereof.

354. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Gardens of North Olmsted Facility.

355. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

356. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

357. As a result, the purchaser, Buckeye Forest at North Olmsted LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at North Olmsted LLC d/b/a Gardens of North Olmsted in the amount of \$11,531.31 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXIX – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT  
WATERVILLE LLC D/B/A AYDEN HEALTHCARE OF WATERVILLE**

358. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

359. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Waterville is Buckeye Forest at Waterville LLC.

360. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “42” and made a part hereof.

361. Pursuant to Susan Koenig’s testimony at the Section 341 Creditors’ Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Waterville Facility.

362. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

363. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors’ Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

364. As a result, the purchaser, Buckeye Forest at Waterville LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Waterville LLC d/b/a Ayden Healthcare of Waterville in the amount of \$107,672.03 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXX – SUCCESSOR LIABILITY OF BUCKEYE FOREST AT  
FAIRFIELD LLC D/B/A AYDEN HEALTHCARE OF FAIRFIELD**

365. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

366. Ayden Healthcare of Fairfield is a registered trade name owned by Buckeye Forest at Fairfield LLC.

367. A true and correct copy of the Trade Name Registration for Ayden Healthcare of Fairfield is attached hereto, marked Exhibit “43” and made a part hereof.

368. Pursuant to Medicare.gov, the legal business name of Ayden Healthcare of Fairfield is Buckeye Forest at Fairfield LLC.

369. A true and correct copy of the information for the Facility from Medicare.gov is attached hereto, marked Exhibit “44” and made a part hereof.

370. Pursuant to Susan Koenig's testimony at the Section 341 Creditors' Meeting, there is continuity of the management, personnel, physical location, assets and general business operations of the Ayden Healthcare of Fairfield Facility.

371. The Original Defendants ceased their ordinary business operations and filed for bankruptcy immediately after the transfer of the Facilities.

372. Pursuant to the testimony of Susan Koenig at the Section 341 Creditors' Meeting, no notice of the transfer of the Facilities was provided to creditors of the Facilities.

373. As a result, the purchaser, Buckeye Forest at Fairfield LLC assumed the obligations of the seller ordinarily necessary for the uninterrupted continuation of normal business operations.

WHEREFORE, Plaintiff demands judgment against Defendant Buckeye Forest at Fairfield LLC d/b/a Ayden Healthcare of Fairfield in the amount of \$52,412.91 with continuing interest at the rate of 1.5% per month from January 24, 2023.

**COUNT XXXI – ACTUAL FRAUD PURSUANT TO 12 Pa.C.S.A. §5104(a)(1) AS TO DEFENDANTS BUCKEYE FOREST AT AKRON LLC, BUCKEYE FOREST AT BELLEFONTAINE LLC, BUCKEYE FOREST AT CLEVELAND LLC, BUCKEYE FOREST AT GREENVILLE LLC, BUCKEYE FOREST AT MADEIRA LLC, BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC, BUCKEYE FOREST AT NORTH OLMSTED LLC, BUCKEYE FOREST AT WATERVILLE LLC, BUCKEYE FOREST AT FAIRFIELD LLC, AND MED HEALTHCARE PARTNERS LLC**  
***(Jointly and severally)***

374. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

375. Defendants Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC owned and operated the Facilities at the times at which the transactions which form the subject matter of this Complaint took place.

376. In fact, Defendants Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC owned and operated the Facilities during more than three (3) years of litigation with regard to the instant matter.

377. Upon information and belief, on or about December 31, 2021, the Facilities were sold to Med Healthcare Partners for consideration in the amount of \$145 million.

378. The Facilities are now legally owned by Defendants, Buckeye Forest at Akron LLC, Buckeye Forest at Bellefontaine LLC, Buckeye Forest at Cleveland LLC, Buckeye Forest at Greenville LLC, Buckeye Forest at Madeira LLC, Buckeye Forest at Mayfield Heights LLC,

Buckeye Forest at North Olmsted LLC, Buckeye Forest at Waterville LLC, and Buckeye Forest at Fairfield LLC (the “New Owners”).

379. The transfer occurred after the debt owed to DNA was incurred.

380. The New Owners are limited liability companies organized under the laws of New York State.

381. The New Owners each registered to do business in the State of Ohio on October 22, 2021.

382. True and correct copies of the Foreign Limited Liability Company Registrations with the Ohio Department of State for the New Owners are attached hereto, collectively marked Exhibit “45” and made a part hereof.

383. Never once during the course of litigation was Plaintiff or Plaintiff’s counsel ever informed of the possibility of a transfer of the Facilities.

384. The New Owners knew or should have known of the debts owed to DNA.

385. The New Owners knew or should have known of the litigation regarding the debts owed to DNA.

386. The transfer was made with actual intent to hinder, delay or defraud DNA as evidenced by the following factors pursuant to 12 Pa.C.S.A. 5104(b):

a. The transfer of the Facilities was concealed from DNA;

b. The debt owed to DNA was incurred prior to the transfers;

c. The transfers were of substantially all of the assets of Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC; and

d. Akron Healthcare LLC, Bellefontaine Healthcare LLC, Euclid Beach Healthcare LLC, Greenville Healthcare LLC, North Olmsted Healthcare LLC, Madeira Healthcare LLC, Mayfield Heights Healthcare LLC, Waterville Healthcare LLC, Woodridge Healthcare LLC became insolvent as a result of or very shortly after the transfer of ownership of the Facilities.

WHEREFORE, Plaintiff Dedicated Nursing Associates, Inc. respectfully requests the entry of judgment in its favor and against Defendants, Buckeye Forest at Akron LLC, Buckeye Forest at Bellefontaine LLC, Buckeye Forest at Cleveland LLC, Buckeye Forest at Greenville LLC, Buckeye Forest at Madeira LLC, Buckeye Forest at Mayfield Heights LLC, Buckeye Forest at North Olmsted LLC, Buckeye Forest at Waterville LLC, and Buckeye Forest at Fairfield LLC and MED Healthcare Partners LLC, jointly and severally, granting the following relief pursuant to 12 Pa.C.S.A. § 5107:

- a. Avoidance of the transfer of the Facilities;
- b. Attaching a lien against the Facilities and their assets which was created by the fraudulent transfer thereof;
- c. enjoining Defendants from further disposition or transfer of the Facility and its assets until further Order of Court;
- d. Granting all other available damages, remedies, interest, attorneys' fees, and/or court costs and all such other relief as this honorable Court deems just and proper.

**COUNT XXXII – UNJUST ENRICHMENT**  
***(Dedicated Nursing Associates, Inc. v. Ephram Lahasky)***

387. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.



388. Pursuant to Medicare.gov, Defendant, Ephram Lahasky holds a 100% direct ownership interest in Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility.

389. True and correct copies of the ownership information from Medicare.gov for the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility are attached hereto, collectively marked Exhibit "46" and made a part hereof.

390. Upon information and belief, Defendant receives profits from his ownership of the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility.

391. At the special instance and request of the Facilities, DNA provided nursing personnel to the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.

392. Without the nursing personnel provided by DNA, the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility would not have been able to continue operations.

393. Defendant Ephram Lahasky realized the benefit of said nursing personnel as the Ayden of Healthcare of Belle Springs Facility, the Ayden Healthcare of Greenville Facility and the Ayden Healthcare of Waterville Facility were able to continue operating and, and therefore, continue to generate income.

394. Upon information and belief, Defendant Ephram Lahasky was aware of the use of DNA's nursing personnel.

395. Further, Ephram Lahasky also holds an ownership interest in facilities which are the subject of another lawsuit currently pending with DNA in the Westmoreland County Court of Common Pleas at Docket No. 5170 of 2016.

396. To allow Defendant Ephram Lahasky to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

397. DNA has been damaged in the principal amount of \$313,675.79, representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Ephram Lahasky in the amount of \$313,675.79.

**COUNT XXXIII – UNJUST ENRICHMENT**

***(Dedicated Nursing Associates, Inc. v. Solomon A. Kazarnovsky and Abba Stein, jointly and severally)***

398. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

399. Pursuant to Medicare.gov, Defendant, Solomon A. Kazarnovsky holds a 50% direct ownership interest in the Ayden of Healthcare of Madeira Facility, the Ayden Healthcare of Fairfield Facility.

400. Pursuant to Medicare.gov, Defendant, Abba Stein holds a 50% direct ownership interest in the Ayden of Healthcare of Madeira Facility, the Ayden Healthcare of Fairfield Facility.

401. True and correct copies of the ownership information from Medicare.gov for the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility are attached hereto, collectively marked Exhibit “47” and made a part hereof.

402. Upon information and belief, Defendants Solomon A. Kazarnovsky and Abba Stein receive profits from their ownership of the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility.

403. At the special instance and request of the Facilities, DNA provided nursing personnel to the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.

404. Without the nursing personnel provided by DNA, Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility would not have been able to continue operations.

405. Defendants Solomon A. Kazarnovsky and Abba Stein realized the benefit of said nursing personnel as the Ayden of Healthcare of Madeira Facility and the Ayden Healthcare of Fairfield Facility were able to continue operating and, and therefore, continue to generate income.

406. To allow Defendants Solomon A. Kazarnovsky and Abba Stein to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

407. DNA has been damaged in the principal amount of \$33,332.03 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendants Solomon A. Kazarnovsky and Abba Stein, jointly and severally, in the amount of \$33,332.03.

**COUNT XXXIV – UNJUST ENRICHMENT**  
***(Dedicated Nursing Associates, Inc. v. Mordechai A. Weisz)***

408. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

409. Pursuant to Medicare.gov, Defendant, Mordechai A. Weisz holds a 100% direct ownership interest in the Gardens of Mayfield Village Facility.

410. A true and correct copy of the ownership information from Medicare.gov for the Gardens of Mayfield Village Facility is attached hereto, marked Exhibit “48” and made a part hereof.

411. Upon information and belief, Defendant receives profits from his ownership of the Gardens of Mayfield Village Facility.

412. At the special instance and request of the Facility, DNA provided nursing personnel to the Gardens of Mayfield Village Facility, as is more particularly set forth in DNA’s Invoices.

See, Exhibit 11.

413. Without the nursing personnel provided by DNA, the Gardens of Mayfield Village Facility would not have been able to continue operations.

414. Defendant Mordechai A. Weisz realized the benefit of said nursing personnel as the Gardens of Mayfield Village Facility was able to continue operating and, and therefore, continue to generate income.

415. To allow Defendant Mordechai A. Weisz to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

416. DNA has been damaged in the principal amount of \$320.00 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Mordechai A. Weisz in the amount of \$320.00.

**COUNT XXXV – UNJUST ENRICHMENT**  
***(Dedicated Nursing Associates, Inc. v. Eli M. Leshkowitz)***

417. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

418. Pursuant to Medicare.gov, Defendant, Eli M. Leshkowitz holds a 100% direct ownership interest in the Gardens of North Olmsted Facility.

419. A true and correct copy of the ownership information from Medicare.gov for the Gardens of North Olmsted Facility is attached hereto, marked Exhibit “49” and made a part hereof.

420. Upon information and belief, Defendant Eli M. Leshkowitz receives profits from his ownership of the Gardens of North Olmsted Facility.

421. At the special instance and request of the Facility, DNA provided nursing personnel to the Gardens of North Olmsted Facility, as is more particularly set forth in DNA’s Invoices. See, Exhibit 11.

422. Without the nursing personnel provided by DNA, the Gardens of North Olmsted Facility would not have been able to continue operations.

423. Defendant Eli M. Leshkowitz realized the benefit of said nursing personnel as the Gardens of North Olmsted Facility was able to continue operating and, and therefore, continue to generate income.

424. To allow Defendant Eli M. Leshkowitz to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

425. DNA has been damaged in the principal amount of \$6,385.75 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant Eli M. Leshkowitz in the amount of \$6,385.75.

**COUNT XXXVI – UNJUST ENRICHMENT**  
***(Dedicated Nursing Associates, Inc. v. MED Healthcare Partners LLC)***

426. Plaintiff incorporates herein by reference thereto each and every of the preceding paragraphs of this Complaint as if the same were more fully set forth herein.

427. Pursuant to the testimony of the authorized representative of the Initial Defendants during the Section 341 Creditors Meeting, Defendant MED Healthcare Partners LLC purchased the Facilities from the Initial Defendants on or about December 31, 2021 for the amount of \$145 million.

428. Upon information and belief, Defendant MED Healthcare Partners LLC receives profits from its ownership of the Facilities.

429. At the special instance and request of the Facilities, DNA provided nursing personnel to the Facilities, as is more particularly set forth in DNA's Invoices. See, Exhibit 11.

430. Without the nursing personnel provided by DNA, the Facilities would not have been able to continue operations.


431. Defendant MED Healthcare Partners LLC realized the benefit of said nursing personnel as the Facilities were able to continue operating and, and therefore, continue to generate income.

432. To allow Defendant MED Healthcare Partners LLC to receive and benefit from said nursing personnel without payment to DNA would be inequitable.

433. DNA has been damaged in the principal amount of \$394,877.42 representing the value of said nursing personnel.

WHEREFORE, Plaintiff demands judgment against Defendant MED Healthcare Partners LLC in the amount of \$394,877.42.


THE MIHOK LAW FIRM, P.C.

BY:   
Jennifer Tis Mihok, Esquire  
PA ID #203751  
Attorney for Plaintiff  
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Pittsburgh, PA 15201  
412.860.0907  
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**VERIFICATION**

The undersigned does hereby verify subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities, and under penalty of perjury, that she is the Controller of Dedicated Nursing Associates, Inc., Plaintiff herein, that she is duly authorized to make this Verification and that the facts set forth in the foregoing AMENDED COMPLAINT are true and correct to the best of her knowledge, information and belief.

Date: 04/20/23

  
Amy Silveri



## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 18<sup>th</sup> day of February 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

## A N D

Akron Healthcare LLC, d/b/a - Highland Square Nursing and Rehab ("Contractor"), having its principle place of business at 1211 West Market Street, Akron, Ohio 44313.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

## EXHIBIT 1

5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

9. COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

10. CONFIDENCE OF INFORMATION

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

5

**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

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DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

**30. CHANGES TO AGREEMENT**

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

**31. FINAL AGREEMENT; SURVIVABILITY OF TERMS**

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

**32. TERM OF AGREEMENT AND TERMINATION**

The term of this Agreement shall be from February 2019 to February 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

7

**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.:**

6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**

1211 West Market Street  
Akron, Ohio 44313

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.:**

By: [Signature] Title: VP of Sales Dated: 2/12/19  
[Authorized Representative]

**Contractor:**

Entity: DNA Healthcare LLC  
By: [Signature] Title: Administrator Dated: 2/12/19  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing].

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**Exhibit A**

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$32.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$45.00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr
<b>Contract Assignment Rates</b>		
a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.00/Hr

\* **Travel/Contract Assignments** are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* **Specialty** is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

**Weekend Bill Rates**

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

**Holiday Policy**

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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Dedicated Nursing Associates, Inc. Contract Forms		<b>DNA</b> Dedicated Nursing Associates, Inc.	
DNA Contract Compliance		Document Number:	
Document Title: Joint Commission Compliance Form		Effective Date: 01/13/2016	
		Revision Date:	
		Approved By: D.R./C.W.	
		Page Number: Page 9 of 9	

Dedicated Nursing Associates, Inc. (DNA), as a Joint Commission certified organization, we encourage our clients to:

- Provide an orientation and training program to each health care professional at the time of hire.
- Evaluate the competency of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide DNA with verbal or written performance feedback after the employee has completed a client based orientation.
- Agree to report any incident involving a risk to patient safety and quality of care and security incident involving an employee of DNA.
- The facility's error, measure and safety hazards as defined in the Joint Commission Standards for Sentinel Events.
- DNA acknowledges as a Joint Commission certified organization, subject to the policies and procedures that concern patient care and safety within the client's organization are to be brought to the attention of the client's management personnel. When issues are not addressed, these individuals are encouraged to contact the Joint Commission.
- Staff members that are provided by DNA are our employees that are contracted to work through the agency.
- Management of staff (hiring) until to areas of practice within their clinical competency.
- We discourage any personal gain due to the relationship with DNA (i.e. a conflict of interest).

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 10 calendar days of the event(s) giving rise to the complaint. You may contact the Joint Commission by:

Online: <http://www.jointcommission.org/24-7-Online-Complaint>  
Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

[Signature]  
Client Signature  
[Signature]  
DNA Representative Signature

2/12/19  
Date  
2/12/19  
Date

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**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

**Interest:** Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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**CONTACT CHECKLIST**

<b>Point of Contact</b>	
<b>Administrator:</b> Name: <u>Lindsay Putyak</u> E-mail: <u>lputyak@akronhealthcare.com</u> Phone: <u>330-321-7791</u>	<b>DON:</b> Name: E-mail: Phone:
<b>Scheduler/Staffing Coordinator:</b> Name: E-mail: Phone:	<b>Other:</b>

<b>Type of Facility:</b> <u>Nursing Home</u>
<b>Size/Number of Beds:</b> <u>116</u>
<b>Main Need (Discipline):</b> <u>SNIA + LPN</u>
<b>Currently Using Agency?</b> <u>NO</u>

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?

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**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> <u>Lindsay Putyak</u>	<b>Title:</b> <u>Administrator</u>
<b>Phone Number:</b> <u>330-321-7791</u>	<b>E-mail Address:</b> <u>lputyak@akronhealthcare.com</u>
<b>Corporate Group Affiliation:</b> <u>Provider</u>	
<b>Company Billing Name:</b> <u>Akron Healthcare LLC</u>	
<b>Billing Address:</b> <u>1311 W Market St Akron OH 44313</u>	
<b>Invoicing Preference:</b> <input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Mail	
<b>Payment Preference:</b> <input type="checkbox"/> ACH <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card	
<b>OT Rate:</b>	<b>Holiday Rate:</b>
<b>MSP/VMS fee (if applicable):</b>	
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>	

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**EXHIBIT 2**

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Dennett, PA 15626  
(855) 349-6013

Akron Healthcare LLC, 9/b/a Highland Square Nursing and Rehab  
1211 West Market Street  
Akron, OH 44313

Contingent Staffing Invoice

**INVOICE**  
Invoice No. 180087  
Date 06/14/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
05/11/19 Sat	07:00P - 12:00A	Britt, Janine (LPN)	LTC	S2 Regular Weekend	45.00	5.00	225.00
<b>Akron Healthcare LLC, d/b/a-Highland Square Nursing and Rehab Subtotal:</b>					<b>5.00</b>	<b>225.00</b>	
<b>Invoice Total:</b>					<b>5.00</b>	<b>\$225.00</b>	

**Please Send Payments to:**  
Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Dennett, PA 15626  
Thank You For Allowing Us the Privilege of Serving You!  
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

EXHIBIT 4



**MEDICAL STAFFING AGREEMENT**

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 4<sup>th</sup> day of March, 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

**A N D**

Belle Springs Health and Rehabilitation ("Contractor"), having its principle place of business at 221 North School Street, Bellefontaine, Ohio 43311.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

**1. EMPLOYEES TO BE PROVIDED**

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

**2. QUALIFICATIONS OF EMPLOYEES**

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

**3. DNA AS EMPLOYER**

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

**4. EXPENSES**

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

**5. ADMINISTRATIVE LINK**

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

**6. COMPENSATION (TIME RECORDS)**

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

**7. SCHEDULING AND SUBSTITUTE STAFF**

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

**8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE**

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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**9. COMPLIANCE WITH APPLICABLE LAW**

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

**10. CONFIDENCE OF INFORMATION**

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

**11. INDEMNIFICATION**

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

**12. PROFESSIONAL LIABILITY INSURANCE**

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

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In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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- C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

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**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

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Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

- A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

6

**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, teletype, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.:**

6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**

221 North School Street  
Bellefontaine, Ohio 43311

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.:**


By: Indietro Rosendo Title: Account Representative Dated: 5/9/2019  
By: Chris Brant Title: Contract Administrator Dated: 5/9/2019  
[Authorized Representatives]

**Contractor:**

Entity: Belle Springs Housing + Rehab  
By: [Signature] Title: Administrator Dated: 5-8-19  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing].

8

Dedicated Nursing Associates, Inc. Contract Forms		 Dedicated Nursing Associates, Inc.
DNA Contract Compliance		
Document Title: Joint Commission Compliance Form		Document Number: Effective Date: 01/13/2016 Revision Date: Approved By: D.R./C.W. Page Number: Page 9 of 9

Dedicated Nursing Associates, Inc. (DNA), as a Joint Commission certified organization, no encourages our clients to:

- Provide an orientation and training program to each health care professional at the time of hire
- Evaluate the competence of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide 360 with verbal or written performance feedback after the employee has completed a client based orientation.
- Agree to report any incident involving a risk to patient safety and quality of care and security incident involving an employee of DNA.
- This includes reports to the Joint Commission regarding the following:
  - DNA acknowledges, as a Joint Commission certified organization, notice to the public and employees that concerns about patient care and safety within the client's organization are to be brought to the attention of the client's management personnel. When issues are not addressed, when individuals are encouraged to contact the Joint Commission.
  - Staff members that are provided to DNA are not employees that are contracted to work through the agency.
  - Management of staff (staffing) only to areas of practice within their clinical competence.
  - We discourage any personnel given due to the relationship with DNA (i.e. a conflict of interest).

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 14 calendar days of the incident giving rise to the complaint. You may contact the Joint Commission by:

Web: <http://www.jointcommission.org/AboutUs/ContactUs/>  
 Office of Quality Monitoring  
 The Joint Commission  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60188

  
 Chelene Helmer  
 Director of Quality Monitoring  
 The Joint Commission  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60188

5/9/2019

8

## Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$30.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$43.00/Hr
c. Registered Nurse	\$53.00/Hr	\$54.00/Hr

## Contract Assignment Rates

a. State Tested Nursing Assistant	\$36.00/Hr	\$37.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$50.00/Hr
c. Registered Nurse	\$59.00/Hr	\$61.00/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
 Any new service not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

## Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
 3:00 pm-11:00 pm  
 11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
 3:00 pm-11:00 pm  
 11:00 pm-7:00 am

## Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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## Training/Orientation

Contractor agrees to pay for all orientation/training hours.

## Lunch Breaks

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

## Overtime Policy

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

## Cancellation Policy for Per Diem Personnel

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

## Cancellation Policy for Travel/Contract Assignment:

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

## CONTACT CHECKLIST

Point of Contact	
<b>Administrator:</b> Name: Chelene Helmer E-mail: chelenehelmer@boulderhca.com Phone: 937-549-5123	<b>DON:</b> Name: Tracy Daniels E-mail: tdaniels@boulderhca.com Phone:
<b>Scheduler/Staffing Coordinator:</b> Name: [Signature] E-mail: Phone:	<b>Corporate Point of Contact:</b> Name: Email: Phone:

Type of Facility:	SNF
Size/Number of Beds:	99
Main Need (Discipline):	
Currently Using Agency?	Yes

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?  
 Nurse - RN, LPN STNA
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?  
 Actual CPR, LTC experience, etc. with 5 yrs w/ you on rest
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?  
 open
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?  
 Facility wide

8

12



Locusign Envelope ID: 39E3U044-333C-4D4D-A02E-180A8CAEF8FA

**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> Joyce Martin	<b>Title:</b> Business Office Mgr
<b>Phone Number:</b> 937-599-5723	<b>E-mail Address:</b> jmartin@bellehealth.com
<b>Corporate Group Affiliation:</b> Filson/Boulder Health Care	
<b>Company Billing Name:</b> Belle Springs Nursing + Rehab	
<b>Billing Address:</b> 221 North School St Bellefonte, PA 16801	
<b>Invoicing Preference:</b>	( ) E-mail (X) Mail
<b>Payment Preference:</b>	( ) ACH (X) Check ( ) Credit Card
<b>OT Rate:</b>	<b>Holiday Rate:</b>
<b>MSP/VMS fee (if applicable):</b>	
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>	

**EXHIBIT 5**

13

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Belle Springs Health and Rehabilitation  
 221 North School Street  
 Bellefonte, OH 43311

**INVOICE**

Invoice No. 159961  
 Date 06/14/2019  
 Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/04/19 Tue	06:30A - 06:145P	Davis, Kelana (LPN)	LTC	S4 Regular	42.00	11.75	493.50
<b>Boulder - Belle Springs Health and Rehabilitation Subtotal:</b>					<b>11.75</b>	<b>493.50</b>	
<b>Invoice Total:</b>					<b>11.75</b>	<b>\$493.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Belle Springs Health and Rehabilitation Contract  
 221 North School Street  
 Bellefonte, OH 43311

**INVOICE**

Invoice No. 159961  
 Date 06/14/2019  
 Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/02/19 Sun	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/05/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/07/19 Fri	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/02/19 Sun	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/04/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	12.00	432.00
06/05/19 Wed	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	12.00	432.00
06/08/19 Sat	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular Weekend	37.00	12.00	444.00
06/02/19 Sun	06:45P - 07:15A	eneh, onyedika (STNA)	LTC	S1 Regular Weekend	37.00	12.50	462.50
06/05/19 Wed	06:45P - 07:30A	eneh, onyedika (STNA)	LTC	S1 Regular	36.00	12.75	459.00
06/07/19 Fri	07:00P - 07:15A	eneh, onyedika (STNA)	LTC	S1 Regular	36.00	12.25	441.00
06/08/19 Sat	06:45P - 07:15A	eneh, onyedika (STNA)	LTC	S1 Regular Weekend	37.00	2.50	92.50
				S1 Overtime Weekend	55.50	9.50	527.25
06/05/19 Wed	06:30A - 07:15P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.25	600.25
06/04/19 Tue	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/06/19 Thu	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	4.00	144.00
				S1 Regular	36.00	8.00	288.00
06/07/19 Fri	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/08/19 Sat	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular Weekend	37.00	4.00	148.00
				S1 Overtime Weekend	55.50	8.00	444.00
06/02/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S3 Regular Weekend	37.00	11.50	425.50
06/03/19 Mon	09:00P - 07:00A	Redman, Chardana (STNA)	LTC	S3 Regular	36.00	10.00	360.00
06/04/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S3 Regular	36.00	12.00	432.00
06/06/19 Thu	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S3 Regular	36.00	6.50	234.00
				S3 Overtime	54.00	5.00	270.00
06/03/19 Mon	07:00P - 07:00A	Rockard, Amaris (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/05/19 Wed	07:00P - 07:00A	Rockard, Amaris (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/06/19 Thu	07:00P - 07:00A	Rockard, Amaris (STNA)	LTC	S1 Regular	36.00	12.00	432.00
<b>Belle Springs Health and Rehabilitation Contract Subtotal:</b>					<b>272.75</b>	<b>10,475.00</b>	
<b>Invoice Total:</b>					<b>272.75</b>	<b>\$10,475.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehab Contract  
221 North School Street  
Bellefonte, PA 16811

# INVOICE

Invoice No. 180754  
Date 06/21/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/11/19 Tue	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/12/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	5.50	198.00
				S1 Regular	36.00	6.00	216.00
06/13/19 Thu	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/15/19 Sat	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	5.50	203.50
				S1 Overtime Weekend	55.50	6.00	333.00
06/03/19 Mon	07:30A - 07:15P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.25	405.00
06/04/19 Tue	07:30A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.00	396.00
06/13/19 Thu	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/14/19 Fri	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/15/19 Sat	07:15A - 07:15P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/09/19 Sun	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular Weekend	37.00	11.50	425.50
06/14/19 Fri	07:00A - 03:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	7.50	270.00
06/14/19 Fri	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
06/10/19 Mon	07:00P - 07:00A	eneh, onyedika (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/15/19 Sat	06:45P - 07:15A	eneh, onyedika (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
06/10/19 Mon	06:30A - 07:15P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.50	612.50
06/12/19 Wed	06:30A - 09:30P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	14.50	710.50
06/13/19 Thu	11:00A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	7.50	367.50
06/15/19 Sat	06:30A - 07:45P	Leffel, Heather (LPN)	LTC	S1 Regular Weekend	50.00	5.00	250.00
				S1 Overtime Weekend	75.00	7.25	543.75
06/10/19 Mon	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/12/19 Wed	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/15/19 Sat	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
06/11/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S3 Regular	36.00	11.50	414.00
06/15/19 Sat	06:30P - 07:00A	Rhinehart, Letitia (LPN)	LTC	S1 Regular Weekend	50.00	12.00	600.00
06/10/19 Mon	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/12/19 Wed	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/14/19 Fri	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00

**Belle Springs Health and Rehabilitation Contract Subtotal: 298.00 11,873.75**  
Invoice Total: 298.00 11,873.75

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Invoice No. 180754  
Date 06/21/2019  
Page 2

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/21/19 Fri	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00
<b>Belle Springs Health and Rehabilitation Contract Subtotal: 322.00</b>							<b>13,956.63</b>
<b>Invoice Total: 322.00</b>							<b>13,956.63</b>



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, PA 16811

# INVOICE

Invoice No. 180754  
Date 06/21/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/19/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	12.00	432.00
06/18/19 Tue	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/19/19 Wed	07:15A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.25	405.00
06/22/19 Sat	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/18/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
06/19/19 Wed	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
06/22/19 Sat	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular Weekend	37.00	11.50	425.50
06/19/19 Wed	07:00P - 07:00A	eneh, onyedika (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/20/19 Thu	07:00P - 07:00A	eneh, onyedika (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/07/19 Fri	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.00	588.00
<b>Note 36 hours guaranteed as per contracted. JC</b>							
06/08/19 Sat	06:30A - 06:45P	Leffel, Heather (LPN)	LTC	S1 Regular Weekend	50.00	11.75	587.50
<b>Note 36 hours guaranteed as per contracted. JC</b>							
06/16/19 Sun	06:30A - 07:15P	Leffel, Heather (LPN)	LTC	S1 Regular Weekend	50.00	12.25	612.50
06/17/19 Mon	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	13.00	636.00
06/19/19 Wed	06:30A - 08:00P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	2.75	134.75
06/20/19 Thu	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Overtime	73.50	9.25	678.75
06/22/19 Sat	06:30A - 11:30P	Leffel, Heather (LPN)	LTC	S1 Overtime Weekend	75.00	16.50	1,237.50
06/16/19 Sun	06:45P - 07:15A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
06/20/19 Thu	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/21/19 Fri	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/18/19 Tue	07:00P - 08:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.50	450.00
06/22/19 Sat	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	11.50	425.50
06/11/19 Tue	07:00P - 07:30A	Rhinehart, Letitia (LPN)	LTC	S1 Regular	49.00	12.00	588.00
06/16/19 Sun	07:00P - 06:45A	Rhinehart, Letitia (LPN)	LTC	S1 Regular Weekend	50.00	11.25	562.50
06/20/19 Thu	07:15P - 07:15A	Rhinehart, Letitia (LPN)	LTC	S1 Regular	49.00	11.50	562.50
06/19/19 Wed	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, PA 16811

# INVOICE

Invoice No. 181039  
Date 07/05/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/16/19 Sun	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/25/19 Tue	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/26/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/29/19 Sat	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/23/19 Sun	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/27/19 Thu	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/29/19 Sat	08:30A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular Weekend	37.00	10.00	370.00
06/28/19 Fri	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
06/24/19 Mon	06:15P - 08:00A	Cole, Shalita (LPN)	LTC	S2 Regular	49.00	13.25	649.25
06/25/19 Tue	06:15P - 08:00A	Cole, Shalita (LPN)	LTC	S2 Regular	49.00	13.25	649.25
06/29/19 Sat	06:00P - 07:30A	Cole, Shalita (LPN)	LTC	S2 Regular Weekend	50.00	13.50	675.00
06/23/19 Sun	11:15A - 06:30P	Krystek, Linda (RN)	LTC	S1 Regular	59.00	12.50	737.50
06/24/19 Mon	06:30A - 08:15P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	13.25	649.25
06/26/19 Wed	06:30A - 07:30P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.50	612.50
06/27/19 Thu	06:30A - 07:30P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	7.50	367.50
				S1 Overtime	73.50	5.00	367.50
06/29/19 Sat	06:30A - 06:30P	Leffel, Heather (LPN)	LTC	S1 Overtime Weekend	75.00	11.50	862.50
06/24/19 Mon	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/26/19 Wed	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular	36.00	11.50	414.00
06/29/19 Sat	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
06/23/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	12.00	444.00
06/24/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
06/25/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
06/29/19 Sat	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	4.00	148.00
				S5 Overtime Weekend	55.50	8.00	444.00
06/26/19 Wed	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Invoice No. 161039  
Date 07/05/2019  
Page 2Terms PO Number  
30

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/28/19 Fri	07:00P - 07:00A	Rookard, Amaris (STNA)	LTC	S1 Regular	36.00	11.50	414.00
<b>Belle Springs Health and Rehabilitation Contract Subtotal:</b>					<b>328.00</b>	<b>14,031.25</b>	
<b>Invoice Total:</b>					<b>328.00</b>	<b>\$14,031.25</b>	

**DNA**

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, PA 16811**INVOICE**Invoice No. 161538  
Date 07/12/2019  
Page 1Terms PO Number  
30

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/03/19 Wed	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	5.00	180.00
				S1 Regular Holiday	54.00	6.50	351.00
07/05/19 Fri	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/06/19 Sat	07:00P - 07:00A	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
07/02/19 Tue	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/03/19 Wed	07:15A - 07:00P	Banks, Cassandra (STNA)	LTC	S1 Regular	36.00	11.25	405.00
07/02/19 Tue	07:00A - 07:00P	Buchenroth, Taima (STNA)	LTC	S4 Regular	36.00	11.50	414.00
07/01/19 Mon	06:15P - 07:30A	Cole, Shalitta (LPN)	LTC	S2 Regular	49.00	13.25	649.25
07/02/19 Tue	06:00P - 07:15A	Cole, Shalitta (LPN)	LTC	S2 Regular	49.00	13.25	649.25
07/04/19 Thu	06:30P - 08:00A	Cole, Shalitta (LPN)	LTC	S2 Regular	49.00	8.00	392.00
				S2 Regular Holiday	73.50	5.50	404.25
06/30/19 Sun	06:30A - 06:30P	Davis, Keiana (LPN)	LTC	S4 Regular Weekend	50.00	11.50	575.00
05/30/19 Sun	07:00P - 07:00A	eneh, Onyedika (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
07/01/19 Mon	07:00A - 07:15P	Hearock, Samantha (STNA)	LTC	S1 Regular	36.00	11.75	423.00
07/03/19 Wed	02:30P - 07:00P	Hearock, Samantha (STNA)	LTC	S1 Regular	36.00	4.50	162.00
07/04/19 Thu	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC	S1 Regular Holiday	54.00	12.00	648.00
07/05/19 Fri	01:00P - 07:00P	Hearock, Samantha (STNA)	LTC	S1 Regular	36.00	6.00	216.00
07/06/19 Sat	07:00A - 07:30P	Hearock, Samantha (STNA)	LTC	S1 Regular Weekend	37.00	5.75	212.75
				S1 Overtime Weekend	55.50	6.75	374.63
07/05/19 Fri	06:30A - 07:00P	Krystek, Linda (RN)	LTC	S4 Regular	59.00	11.00	649.00
				S4 Overtime	88.50	1.00	88.50
06/30/19 Sun	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular Weekend	50.00	12.00	600.00
07/02/19 Tue	06:30A - 07:30P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.50	612.50
07/03/19 Wed	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular	49.00	12.00	588.00
07/04/19 Thu	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Regular Holiday	73.50	3.50	257.25
				S1 Overtime Holiday	98.00	8.50	833.00
07/05/19 Fri	06:30A - 07:00P	Leffel, Heather (LPN)	LTC	S1 Overtime	73.50	12.00	882.00
06/30/19 Sun	07:00P - 07:00A	Nwoye, Emmanuel (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
07/01/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00

**Please Send Payments to:**Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Invoice No. 161538  
Date 07/12/2019  
Page 1Terms PO Number  
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Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/04/19 Thu	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	7.00	252.00
				S5 Regular Holiday	54.00	5.00	270.00
07/04/19 Tue	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC	S1 Regular	36.00	12.00	432.00
07/03/19 Wed	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC	S1 Regular	36.00	5.00	180.00
				S1 Regular Holiday	54.00	7.00	378.00
07/04/19 Thu	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC	S1 Regular	36.00	7.00	252.00
				S1 Regular Holiday	54.00	5.00	270.00
07/06/19 Sat	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC	S1 Regular Weekend	37.00	4.00	148.00
				S1 Overtime Weekend	55.50	8.00	444.00
<b>Belle Springs Health and Rehabilitation Contract Subtotal:</b>					<b>335.00</b>	<b>15,747.38</b>	
<b>Invoice Total:</b>					<b>335.00</b>	<b>\$15,747.38</b>	

**DNA**

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013Boulder - Belle Springs Health and Rehabilitation  
221 North School Street  
Bellefonte, PA 16811**INVOICE**Invoice No. 161285  
Date 07/12/2019  
Page 1Terms PO Number  
30

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/03/19 Wed	06:30A - 06:30P	Davis, Keiana (LPN)	LTC	S1 Regular	42.00	12.00	504.00
<b>Boulder - Belle Springs Health and Rehabilitation Subtotal:</b>					<b>12.00</b>	<b>504.00</b>	
<b>Invoice Total:</b>					<b>12.00</b>	<b>\$504.00</b>	

**Please Send Payments to:**Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

## Invoice

Date	Invoice #
7/19/2019	113117

## Bill To

Belle Springs Health and Rehab  
221 North School Street  
Bellefontaine, OH 43111Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefontaine, OH 43111INVOICE  
Invoice No. 161703  
Date 07/19/2019  
Page 1

Terms	PO Number
Net 30	

Quantity	Description	Rate	Amount
1	Kiana Davis- Temp To Hire	12,000.00	12,000.00
The conversion of the DNA field professional is not final until full payment is received		<b>Total</b>	<b>\$12,000.00</b>

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/09/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/10/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/13/19 Sat	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		37.00	11.50	425.50
07/04/19 Thu	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC S1 Regular Weekend		54.00	11.50	621.00
07/07/19 Sun	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/10/19 Wed	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC S1 Regular		36.00	5.00	180.00
07/11/19 Thu	02:00P - 07:00P	Banks, Cassandra (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/12/19 Fri	07:00A - 07:00P	Banks, Cassandra (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/08/19 Mon	06:00P - 11:15P	Cole, Shalitta (LPN)	LTC S2 Regular		49.00	5.25	257.25
07/09/19 Tue	06:15P - 07:45A	Cole, Shalitta (LPN)	LTC S2 Regular		49.00	13.00	637.00
07/13/19 Sat	06:00P - 07:45A	Cole, Shalitta (LPN)	LTC S2 Regular Weekend		50.00	13.75	687.50
07/07/19 Sun	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular Weekend		37.00	12.00	444.00
07/10/19 Wed	07:15A - 06:15P	Hearock, Samantha (STNA)	LTC S1 Regular		36.00	10.50	378.00
07/11/19 Thu	07:15A - 02:15P	Hearock, Samantha (STNA)	LTC S1 Regular		36.00	6.00	216.00
07/12/19 Fri	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular		36.00	1.00	36.00
07/12/19 Fri	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular		36.00	10.50	378.00
07/12/19 Fri	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular		54.00	1.00	54.00
07/08/19 Mon	06:30A - 07:15P	Krystek, Linda (RN)	LTC S1 Regular		59.00	12.25	722.75
07/11/19 Thu	06:30A - 07:00P	Krystek, Linda (RN)	LTC S1 Regular		59.00	12.50	737.50
07/08/19 Mon	06:30A - 07:30P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	12.50	612.50
07/10/19 Wed	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	12.00	588.00
07/11/19 Thu	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	12.00	588.00
07/12/19 Fri	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	3.50	171.50
07/12/19 Fri	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular		73.50	8.50	624.75
07/13/19 Sat	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular Weekend		75.00	12.00	900.00
06/30/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular Weekend		37.00	4.00	148.00
07/02/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	S5 Regular Weekend		37.00	8.00	296.00
07/08/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	12.00	432.00
07/08/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	12.00	432.00

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

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Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefontaine, OH 43111INVOICE  
Invoice No. 161706  
Date 07/26/2019  
Page 1

Terms	PO Number
Net 30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/09/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	12.00	432.00
07/13/19 Sat	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular Weekend		37.00	12.00	444.00
07/11/19 Thu	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Regular		36.00	12.00	432.00
Belle Springs Health and Rehabilitation Contract Subtotal:					<b>315.75</b>	<b>13,956.75</b>	
Invoice Total:					<b>315.75</b>	<b>\$13,956.75</b>	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/14/19 Sun	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular Weekend		37.00	11.50	425.50
07/16/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/17/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		35.00	5.50	198.00
07/18/19 Thu	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		54.00	6.00	324.00
07/19/19 Fri	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Regular		35.00	5.50	198.00
07/19/19 Fri	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC S1 Overtime		54.00	6.00	324.00
07/14/19 Sun	06:15P - 07:30A	Cole, Shalitta (LPN)	LTC S2 Regular Weekend		50.00	13.25	662.50
07/18/19 Thu	06:15P - 06:45A	Cole, Shalitta (LPN)	LTC S2 Regular		49.00	12.50	612.50
07/15/19 Mon	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular		36.00	11.50	414.00
07/18/19 Thu	07:15A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular		35.00	11.25	405.00
07/20/19 Sat	07:00A - 07:00P	Hearock, Samantha (STNA)	LTC S1 Regular Weekend		37.00	11.50	425.50
07/14/19 Sun	06:30A - 07:00P	Leffel, Heather (LPN)	LTC S1 Regular Weekend		50.00	12.00	600.00
07/15/19 Mon	06:30A - 07:15P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	12.25	600.25
07/16/19 Tue	06:30A - 05:00P	Leffel, Heather (LPN)	LTC S1 Regular		49.00	10.50	514.50
07/14/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular Weekend		37.00	12.00	444.00
07/16/19 Tue	07:15P - 07:15A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	8.00	288.00
07/17/19 Wed	11:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	4.00	144.00
07/18/19 Thu	07:00P - 07:00A	Redman, Chardana (STNA)	LTC S5 Regular		36.00	8.00	288.00
07/19/19 Sun	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Regular		54.00	4.00	216.00
07/10/19 Wed	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Regular Weekend		37.00	12.00	444.00
07/12/19 Fri	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Regular		36.00	12.00	432.00
07/12/19 Fri	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Regular		36.00	4.00	144.00
07/12/19 Fri	07:00P - 07:00A	Wilder, Tenesha (STNA)	LTC S1 Overtime		54.00	9.00	432.00
Belle Springs Health and Rehabilitation Contract Subtotal:					<b>232.25</b>	<b>9,858.75</b>	
Invoice Total:					<b>232.25</b>	<b>\$9,858.75</b>	

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

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**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, OH 43311

# INVOICE

Invoice No. 162520  
Date 08/02/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/23/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/24/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/27/19 Sat	07:45A - 07:45P	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
07/16/19 Tue	06:00P - 07:30A	Cole, Shalitta (LPN)	LTC	S2 Regular	49.00	13.50	561.50
07/21/19 Sun	07:00A - 07:00P	Hearcock, Samantha (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
07/26/19 Fri	07:00A - 07:00P	Hearcock, Samantha (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/27/19 Sat	07:00P - 07:00A	Kildow, Kari (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
07/22/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
07/23/19 Tue	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
07/27/19 Sat	07:00P - 07:15A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	12.25	453.25
07/22/19 Mon	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
07/23/19 Tue	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
07/25/19 Thu	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
07/26/19 Fri	03:00P - 08:00P	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	5.00	180.00

**Belle Springs Health and Rehabilitation Contract Subtotal: 158.75 \$5,937.75**

Invoice Total: 158.75 \$5,937.75

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, OH 43311

# INVOICE

Invoice No. 163081  
Date 08/09/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/28/19 Sun	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
07/30/19 Tue	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
07/31/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
08/01/19 Thu	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	5.50	198.00
				S1 Overtime	54.00	6.00	324.00
08/02/19 Fri	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Overtime	54.00	11.50	621.00
08/03/19 Sat	08:30A - 04:30P	Anderson, Annabeth (STNA)	LTC	S1 Overtime Weekend	55.50	7.50	416.25
07/22/19 Mon	07:00P - 10:00A	Frey, Madeline (LPN)	LTC	S5 Regular	49.00	2.50	122.50
				S5 Regular	49.00	11.83	579.67
07/28/19 Sun	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular Weekend	49.00	12.00	588.00
07/31/19 Wed	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00
07/28/19 Sun	04:15P - 04:15A	Kildow, Kari (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
08/02/19 Fri	04:00P - 04:00A	Kildow, Kari (STNA)	LTC	S1 Regular	36.00	12.00	432.00
07/28/19 Sun	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	12.00	444.00
07/29/19 Mon	11:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	8.00	288.00
07/30/19 Tue	07:00P - 11:30P	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	4.50	162.00
08/01/19 Thu	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
08/03/19 Sat	07:00A - 07:15P	Rix, Michelle (STNA)	LTC	S4 Regular Weekend	37.00	11.75	434.75
07/30/19 Tue	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular	36.00	11.50	414.00
08/02/19 Fri	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular	36.00	11.50	414.00
08/03/19 Sat	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50

**Belle Springs Health and Rehabilitation Contract Subtotal: 210.08 \$8,881.17**

Invoice Total: 210.08 \$8,881.17

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, OH 43311

# INVOICE

Invoice No. 163513  
Date 08/16/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/03/19 Sat	07:00P - 07:15A	Vasquez, Susan (STNA)	LTC	S3 Regular Weekend	37.00	11.75	434.75

**Belle Springs Health and Rehabilitation Contract Subtotal: 11.75 \$434.75**

Invoice Total: 11.75 \$434.75

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Belle Springs Health and Rehabilitation Contract  
221 North School Street  
Bellefonte, OH 43311

# INVOICE

Invoice No. 163411  
Date 08/16/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/07/19 Wed	07:00A - 07:00P	Anderson, Annabeth (STNA)	LTC	S1 Regular	36.00	11.50	414.00
08/05/19 Mon	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00
08/07/19 Wed	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00
08/09/19 Fri	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular	49.00	12.00	588.00
08/10/19 Sat	06:30P - 07:00A	Green, Cortney (LPN)	LTC	S5 Regular Weekend	49.00	4.00	196.00
				S5 Overtime Weekend	73.50	8.00	588.00
08/05/19 Mon	07:00P - 07:00A	Kildow, Kari (STNA)	LTC	S1 Regular	36.00	12.00	432.00
08/09/19 Fri	04:00P - 04:00A	Kildow, Kari (STNA)	LTC	S1 Regular	36.00	12.00	432.00
08/10/19 Sat	07:00P - 07:00A	Kildow, Kari (STNA)	LTC	S1 Regular Weekend	37.00	12.00	444.00
08/05/19 Mon	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.00	432.00
08/06/19 Tue	07:00P - 07:15A	Redman, Chardana (STNA)	LTC	S5 Regular	36.00	12.25	441.00
08/10/19 Sat	07:00P - 07:00A	Redman, Chardana (STNA)	LTC	S5 Regular Weekend	37.00	12.00	444.00
08/04/19 Sun	07:00A - 07:00P	Rix, Michelle (STNA)	LTC	S4 Regular	37.00	11.50	425.50
08/08/19 Thu	07:00A - 07:00P	Rix, Michelle (STNA)	LTC	S4 Regular	36.00	11.50	414.00
08/09/19 Fri	07:00A - 07:15P	Rix, Michelle (STNA)	LTC	S4 Regular	36.00	11.75	423.00
08/04/19 Sun	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular Weekend	37.00	11.50	425.50
08/06/19 Tue	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
08/08/19 Thu	07:00P - 07:00A	Vasquez, Susan (STNA)	LTC	S3 Regular	36.00	11.50	414.00
08/04/19 Sun	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular Weekend	37.00	11.50	425.50
08/08/19 Thu	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular	36.00	11.50	414.00
08/09/19 Fri	07:00A - 07:00P	Zimmerman, Robyn (STNA)	LTC	S1 Regular	36.00	11.50	414.00

**Belle Springs Health and Rehabilitation Contract Subtotal: 235.50 \$9,356.50**

Invoice Total: 235.50 \$9,356.50

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder - Belle Springs Health and Rehabilitation  
221 North School Street  
Bellefontaine, OH 43311

**INVOICE**

Invoice No. 163280  
Date 08/16/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/10/19 Sat	07:00A - 07:00P	Mckamy, Elizabeth (STNA)	LTC	S4 Regular Weekend	30.00	11.50	345.00
08/08/19 Thu	06:30A - 08:00P	Snowden, Kimyatta (LPN)	LTC	S1 Regular	42.00	13.00	546.00
08/10/19 Sat	06:30A - 07:30P	Snowden, Kimyatta (LPN)	LTC	S1 Regular Weekend	43.00	12.50	537.50
<b>Boulder - Belle Springs Health and Rehabilitation Subtotal:</b>					<b>37.00</b>	<b>1,428.50</b>	
<b>Invoice Total:</b>					<b>37.00</b>	<b>\$1,428.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626

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**DNA**

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-8013

Period Ending: 8/17/2019

Invoice #: 14924489

**Bill To:**

Belle Springs Health and Rehabilitation  
221 North Street  
Bellefontaine, OH - 43311

**Service Provided For:**

Belle Springs Health and Rehabilitation  
221 North Street  
Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation

Department Name: STAR

Unit Name: Annabeth Anderson

Caregiver Name: Annabeth Anderson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/14/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/16/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
<b>Caregiver Sub Total:</b>				<b>23.00</b>		<b>\$828.00</b>
<b>Unit Sub Total:</b>				<b>23.00</b>		<b>\$828.00</b>

Unit Name: Chardana Redman

Caregiver Name: Chardana Redman

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	7:00PM - 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$37.00	\$444.00
08/13/2019	7:00PM - 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/15/2019	7:00PM - 7:00AM	Chardana Redman	OH - STNA Hourly	12.00	\$36.00	\$432.00
<b>Caregiver Sub Total:</b>				<b>36.00</b>		<b>\$1308.00</b>
<b>Unit Sub Total:</b>				<b>36.00</b>		<b>\$1308.00</b>

Unit Name: Cortney Green

Caregiver Name: Cortney Green

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	8:30PM - 7:00AM	Cortney Green	OH - LPN Hourly	12.00	\$49.00	\$588.00
08/13/2019	6:30PM - 7:00AM	Cortney Green	OH - LPN Hourly	12.00	\$49.00	\$588.00
08/14/2019	6:30PM - 7:15AM	Cortney Green	OH - LPN Hourly	12.25	\$49.00	\$600.25
08/15/2019	6:30PM - 10:15PM	Cortney Green	OH - LPN Hourly	3.75	\$49.00	\$183.75
08/15/2019	10:15PM - 7:00AM	Cortney Green	OH - LPN Hourly	8.25	\$73.50	\$606.38
<b>Caregiver Sub Total:</b>				<b>48.25</b>		<b>\$2566.38</b>
<b>Unit Sub Total:</b>				<b>48.25</b>		<b>\$2566.38</b>

Facility: Belle Springs Health and Rehabilitation

Invoice # 14924489

Page 1 Of 3

Unit Name: Kari Kildow

Caregiver Name: Kari Ann Kildow

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	7:00PM - 7:00AM	Kari Ann Kildow	OH - STNA Hourly	12.00	\$37.00	\$444.00
08/14/2019	7:00PM - 7:00AM	Kari Ann Kildow	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/16/2019	4:00PM - 4:00AM	Kari Ann Kildow	OH - STNA Hourly	12.00	\$36.00	\$432.00
<b>Caregiver Sub Total:</b>				<b>36.00</b>		<b>\$1308.00</b>
<b>Unit Sub Total:</b>				<b>36.00</b>		<b>\$1308.00</b>

Unit Name: Michelle Rix

Caregiver Name: Michelle Lynn Rix

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/12/2019	7:00AM - 7:00PM	Michelle Lynn Rix	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/13/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/14/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	12.00	\$36.00	\$432.00
08/17/2019	7:00AM - 11:45AM	Michelle Lynn Rix	OH - STNA Hourly	4.75	\$37.00	\$175.75
08/17/2019	11:45AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	7.00	\$55.50	\$388.50
<b>Caregiver Sub Total:</b>				<b>47.00</b>		<b>\$1833.25</b>
<b>Unit Sub Total:</b>				<b>47.00</b>		<b>\$1833.25</b>

Unit Name: Robyn Zimmerman

Caregiver Name: Robyn Zimmerman

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	7:00AM - 7:15PM	Robyn Zimmerman	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/16/2019	7:00AM - 7:15PM	Robyn Zimmerman	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/17/2019	7:00AM - 7:00PM	Robyn Zimmerman	OH - STNA Hourly	11.50	\$37.00	\$425.50
<b>Caregiver Sub Total:</b>				<b>35.00</b>		<b>\$1271.50</b>
<b>Unit Sub Total:</b>				<b>35.00</b>		<b>\$1271.50</b>

Unit Name: Susan Vasquez

Caregiver Name: Susan Vasquez

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/16/2019	7:00PM - 8:30PM	Susan Vasquez	OH - STNA Hourly	1.50	\$36.00	\$54.00
08/17/2019	7:00PM - 7:00AM	Susan Vasquez	OH - STNA Hourly	11.50	\$37.00	\$425.50
<b>Caregiver Sub Total:</b>				<b>13.00</b>		<b>\$479.50</b>
<b>Unit Sub Total:</b>				<b>13.00</b>		<b>\$479.50</b>

Department Sub Total: 238.25 \$9594.63  
Facility Total: 238.25 \$9594.63

Please pay this amount: \$9594.63

Please remit amount to:  
Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

Terms Net 30 All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.





Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Belle Springs Health and Rehabilitation  
 221 North School Street  
 Bellefontaine, OH 43311

**INVOICE**

Invoice No: 143694  
 Date 08/23/2019  
 Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/11/19 Sun	07:00A - 07:00P	Howard, Adam (STNA)	LTC S4	Regular Weekend	30.00	11.50	345.00
08/13/19 Tue	07:00A - 07:00P	Howard, Adam (STNA)	LTC S4	Regular	29.00	11.50	333.50
08/17/19 Sat	07:00A - 07:00P	Howard, Adam (STNA)	LTC S4	Overtime Weekend	45.00	11.50	517.50
08/11/19 Sun	07:00A - 07:00P	Mckamy, Elizabeth (STNA)	LTC S4	Regular Weekend	30.00	11.50	345.00
08/16/19 Fri	06:30A - 07:30P	Snowden, Kimyatta (LPN)	LTC S1	Regular Weekend	43.00	12.50	537.50
08/16/19 Fri	06:30A - 07:00P	Snowden, Kimyatta (LPN)	LTC S1	Regular	42.00	12.00	504.00
08/17/19 Sat	06:30A - 07:15P	Snowden, Kimyatta (LPN)	LTC S4	Regular Weekend	43.00	12.25	526.75
08/16/19 Fri	06:30A - 07:15P	Williamson, Brolyncia (LPN)	LTC S1	Regular	42.00	12.25	514.50
08/17/19 Sat	06:30A - 11:15A	Williamson, Brolyncia (LPN)	LTC S4	Regular Weekend	43.00	4.75	204.25

**Boulder - Belle Springs Health and Rehabilitation Subtotal: 99.75 3,828.00**

Invoice Total: 99.75 3,828.00

**Please Send Payments to:**

Dedicated Nursing Associates, Inc.  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

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08/23/2019	7:45AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	11.50	\$36.00	\$414.00
<b>Caregiver Sub Total:</b>				<b>34.75</b>		<b>\$1282.50</b>
<b>Unit Sub Total:</b>				<b>34.75</b>		<b>\$1282.50</b>
<b>Department Sub Total:</b>				<b>83.00</b>		<b>\$3011.00</b>
<b>Facility Total:</b>				<b>83.00</b>		<b>\$3011.00</b>

Please pay this amount: \$3011.00

Please remit amount to:

Dedicated Nursing Associates, Inc.  
 5536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check

Terms Net 30 All invoices that are past due per terms of the contract will be charged interest rate of 1.5%.



Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 5536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Period Ending: 8/24/2019  
 Invoice #: 14956903

**Bill To:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

**Services Provided For:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation  
 Department Name: STAR  
 Unit Name: Annabeth Anderson

Caregiver Name: Annabeth Anderson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/18/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$37.00	\$425.50
08/20/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/21/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
<b>Caregiver Sub Total:</b>				<b>34.50</b>		<b>\$1253.50</b>
<b>Unit Sub Total:</b>				<b>34.50</b>		<b>\$1253.50</b>

Unit Name: Kari Kidow

Caregiver Name: Kari Ann Kidow

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/19/2019	7:00PM - 9:15PM	Kari Ann Kidow	OH - STNA Hourly	2.25	\$36.00	\$81.00
08/23/2019	3:45PM - 3:45AM	Kari Ann Kidow	OH - STNA Hourly	11.50	\$36.00	\$414.00
<b>Caregiver Sub Total:</b>				<b>13.75</b>		<b>\$495.00</b>
<b>Unit Sub Total:</b>				<b>13.75</b>		<b>\$495.00</b>

Unit Name: Michelle Rix

Caregiver Name: Michelle Lynn Rix

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/18/2019	7:30AM - 7:30PM	Michelle Lynn Rix	OH - STNA Hourly	11.50	\$37.00	\$425.50
08/20/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	11.75	\$36.00	\$423.00

Facility: Belle Springs Health and Rehabilitation

Invoice #14956903

Page 1 Of 2



Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 5536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Period Ending: 8/31/2019  
 Invoice #: 15099426

**Bill To:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

**Services Provided For:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation  
 Department Name: STAR  
 Unit Name: Annabeth Anderson

Caregiver Name: Annabeth Anderson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/29/2019	7:00AM - 8:00PM	Annabeth Anderson	OH - STNA Hourly	10.50	\$36.00	\$378.00
08/30/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$36.00	\$414.00
08/31/2019	7:00AM - 7:30PM	Annabeth Anderson	OH - STNA Hourly	12.00	\$37.00	\$444.00
<b>Caregiver Sub Total:</b>				<b>34.00</b>		<b>\$1236.00</b>
<b>Unit Sub Total:</b>				<b>34.00</b>		<b>\$1236.00</b>

Unit Name: Michelle Rix

Caregiver Name: Michelle Lynn Rix

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/27/2019	7:00AM - 7:15PM	Michelle Lynn Rix	OH - STNA Hourly	11.75	\$36.00	\$423.00
08/28/2019	7:00AM - 7:30PM	Michelle Lynn Rix	OH - STNA Hourly	12.50	\$36.00	\$450.00

08/30/2019 7:00AM - 3:00PM Michelle Lynn Rix

OH - STNA Hourly 8.00 \$36.00 \$288.00  
**Caregiver Sub Total:** 32.25 \$1161.00  
**Unit Sub Total:** 32.25 \$1161.00  
**Department Sub Total:** 66.25 \$2397.00  
**Facility Total:** 66.25 \$2397.00

Please pay this amount: \$2397.00

Please remit amount to:  
 Dedicated Nursing Associates,  
 Inc.  
 6536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

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Terms Net 30 All invoices that are past due per terms of the contract will be charged  
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**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 6536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Period Ending: 8/17/2019  
 Invoice #: 15099425

**Bill To:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

**Services Provided For:**

Belle Springs Health and  
 Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation  
 Department Name: STAR  
 Unit Name: Annabeth Anderson

Caregiver Name: Annabeth Anderson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/17/2019	7:00AM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	11.50	\$37.00	\$425.50
<b>Caregiver Sub Total:</b>				11.50		\$425.50
<b>Unit Sub Total:</b>				11.50		\$425.50
<b>Department Sub Total:</b>				11.50		\$425.50
<b>Facility Total:</b>				11.50		\$425.50

Please pay this amount: \$425.50

Please remit amount to:  
 Dedicated Nursing Associates,  
 Inc.  
 6536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

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 an interest rate of 1.5%.

Facility: Belle Springs Health and  
 Rehabilitation

Invoice  
 #:15099426

Page 2 Of 2

Facility: Belle Springs Health and  
 Rehabilitation

Invoice  
 #:15099425

Page 1 Of 1

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 6536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Period Ending: 6/22/2019  
 Invoice #: 15099427

**Bill To:**

Belle Springs Health and Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

**Services Provided For:**

Belle Springs Health and  
 Rehabilitation  
 221 North Street  
 Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation  
 Department Name: STAR  
 Unit Name: Lebia Rhinehart

Caregiver Name: Letitia Rhinehart

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
06/18/2019	6:30PM - 9:30AM	Letitia Rhinehart	OH - LPN Hourly	14.50	\$49.00	\$710.50
<b>Caregiver Sub Total:</b>				14.50		\$710.50
<b>Unit Sub Total:</b>				14.50		\$710.50
<b>Department Sub Total:</b>				14.50		\$710.50
<b>Facility Total:</b>				14.50		\$710.50

Please pay this amount: \$710.50

Please remit amount to:  
 Dedicated Nursing Associates,  
 Inc.  
 6536 William Penn Highway  
 Rt. 22 Suite 202  
 Delmont, PA - 15636-2409  
 Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number  
 on your check.

Terms Net 30 All invoices that are past due per terms of the contract will be charged  
 an interest rate of 1.5%.

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Belle Springs Health and Rehabilitation  
 221 North School Street  
 Bellefontaine, OH 43311

**INVOICE**

Invoice No. 164125  
 Date 09/06/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/30/19 Fri	07:00A - 11:00A	Hearock, Samantha (STNA)	LTC	S4 Regular	29.00	4.00	116.00
08/26/19 Mon	07:00A - 07:00P	Howard, Adam (STNA)	LTC	S4 Regular	29.00	11.50	333.50
08/18/19 Sun	06:30A - 07:00P	Snowden, Kimyatta (LPN)	LTC	S4 Regular Weekend	43.00	12.00	516.00
08/29/19 Thu	06:30A - 07:00P	Snowden, Kimyatta (LPN)	LTC	S4 Regular	42.00	12.50	525.00
08/30/19 Fri	06:30A - 10:00P	Snowden, Kimyatta (LPN)	LTC	S4 Regular	42.00	15.50	651.00
08/30/19 Fri	08:15A - 07:00P	Thaler, Destiny (STNA)	LTC	S4 Regular	29.00	10.25	297.25
<b>Boulder - Belle Springs Health and Rehabilitation Subtotal:</b>					<b>65.75</b>	<b>2,438.75</b>	
<b>Invoice Total:</b>					<b>65.75</b>	<b>\$2,438.75</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc.  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Facility: Belle Springs Health and  
 Rehabilitation

Invoice  
 #:15099427

Page 1 Of 1



**DNA**

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt 22 Suite 202  
Delmont, PA - 15636-2409  
Phone 855-349-6013

Period Ending: 8/17/2019  
Invoice #: 15132374

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

**Invoice**

Date	Invoice #
10/1/2019	32306

**Bill To:**

Belle Springs Health and Rehabilitation  
221 North Street  
Bellefontaine, OH - 43311

**Services Provided For:**

Belle Springs Health and  
Rehabilitation  
221 North Street  
Bellefontaine, OH - 43311

Facility Name: Belle Springs Health and Rehabilitation  
Department Name: STAR  
Unit Name: Annabeth Anderson  
Caregiver Name: Annabeth Anderson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/15/2019	10:00AM - 2:00PM	Annabeth Anderson	OH - STNA Hourly	4.00	\$36.00	\$144.00
08/15/2019	2:00PM - 7:00PM	Annabeth Anderson	OH - STNA Hourly	4.50	\$54.00	\$243.00
<b>Caregiver Sub Total:</b>				<b>8.50</b>		<b>\$387.00</b>
<b>Unit Sub Total:</b>				<b>8.50</b>		<b>\$387.00</b>
<b>Department Sub Total:</b>				<b>8.50</b>		<b>\$387.00</b>
<b>Facility Total:</b>				<b>8.50</b>		<b>\$387.00</b>

Please pay this amount: \$387.00

Please remit amount to:  
Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number  
on your check.

Terms Net 30 All invoices that are past due per terms of the contract will be charged  
an interest rate of 1.5%

Facility: Belle Springs Health and  
Rehabilitation

Invoice  
#15132374

Page 1 Of 1

<b>Bill To</b>
Belle Springs Health and Rehab 221 North School Street Bellefontaine, OH 43311

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
493.5	Interest Due on the Following		
Invoice #159981		0.015	7.40
504	Invoice #161285	0.015	7.56
1,428.5	Invoice #163280	0.015	21.43
3,828	Invoice #163694	0.015	57.42
1,858	Invoice #164018	0.015	27.87
<b>Total</b>			<b>\$121.68</b>

**Statement**

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

Date
10/8/2019

<b>To:</b>
Belle Springs Health and Rehab 221 North School Street Bellefontaine, OH 43311

**EXHIBIT 6**

		Amount Due	Amount Enc		
		\$155,745.48			
Date	Transaction	Amount	Balance		
06/14/2019	INV #159847 Due 07/14/2019 Orig. Amount \$10,365.75	10,365.75	10,365.75		
06/14/2019	INV #159981 Due 07/14/2019 Orig. Amount \$493.50	493.50	10,859.25		
06/21/2019	INV #160361 Due 07/21/2019 Orig. Amount \$11,873.75	11,873.75	22,733.00		
06/28/2019	INV #160754 Due 07/28/2019 Orig. Amount \$13,956.63	13,956.63	36,689.63		
07/05/2019	INV #161039 Due 08/04/2019 Orig. Amount \$14,031.25	14,031.25	50,720.88		
07/12/2019	INV #161285 Due 08/11/2019 Orig. Amount \$504.00	504.00	51,224.88		
07/12/2019	INV #161538 Due 08/11/2019 Orig. Amount \$15,747.38	15,747.38	66,972.26		
07/19/2019	INV #161703 Due 08/18/2019 Orig. Amount \$13,956.75	13,956.75	80,929.01		
07/19/2019	INV #171117 Due 08/18/2019 Orig. Amount \$12,000.00	12,000.00	92,929.01		
07/26/2019	INV #162156 Due 08/25/2019 Orig. Amount \$9,858.75	9,858.75	102,787.76		
08/02/2019	INV #162520 Due 09/01/2019 Orig. Amount \$5,937.75	5,937.75	108,725.51		
08/09/2019	INV #163081 Due 09/08/2019 Orig. Amount \$8,581.17	8,581.17	117,306.68		
08/16/2019	INV #163280 Due 09/15/2019 Orig. Amount \$1,428.50	1,428.50	118,735.18		
08/16/2019	INV #163411 Due 09/15/2019 Orig. Amount \$9,356.50	9,356.50	128,091.68		
08/16/2019	INV #163513 Due 09/15/2019 Orig. Amount \$434.75	434.75	128,526.43		
08/23/2019	INV #163694 Due 09/22/2019 Orig. Amount \$3,828.00	3,828.00	132,354.43		
08/23/2019	INV #15177781 Due 09/22/2019 Orig. Amount \$9,594.63	9,546.51	141,900.94		
08/30/2019	INV #164018 Due 09/29/2019 Orig. Amount \$1,858.50	1,858.50	143,759.44		
08/30/2019	INV #14956903 Due 09/29/2019 Orig. Amount \$3,011.00	3,011.00	146,770.44		
09/06/2019	INV #164125 Due 10/06/2019 Orig. Amount \$2,438.75	2,438.75	149,209.19		
09/06/2019	INV #15099427 Due 10/06/2019 Orig. Amount \$710.50	710.50	149,919.69		
09/06/2019	INV #15099425 Due 10/06/2019 Orig. Amount \$425.50	425.50	150,345.19		
09/06/2019	INV #15099426 Due 10/06/2019 Orig. Amount \$2,397.00	2,397.00	152,742.19		
09/13/2019	INV #15132374 Due 10/13/2019 Orig. Amount \$387.00	387.00	153,129.19		
09/27/2019	INV #15203389 Due 10/27/2019 Orig. Amount \$414.00	414.00	153,543.19		
10/01/2019	INV #32306 Due 10/31/2019 Orig. Amount \$121.68	121.68	153,664.87		
10/01/2019	INV #32311 Due 10/31/2019 Orig. Amount \$2,080.61	2,080.61	155,745.48		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
1,003.29	44,016.68	58,004.63	50,720.88	0.00	\$155,745.48

## EXHIBIT 7

## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 5<sup>th</sup> day of February 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

## A N D

Euclid Beach Healthcare ("Contractor"), having its principle place of business at 16101 Euclid Beach Boulevard, Cleveland, Ohio 44110.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

9. COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

10. CONFIDENCE OF INFORMATION

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective of by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due to or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT, ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

**30. CHANGES TO AGREEMENT**

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

**31. FINAL AGREEMENT: SURVIVABILITY OF TERMS**

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

**32. TERM OF AGREEMENT AND TERMINATION**

The term of this Agreement shall be from February 2019 to February 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

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**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.**

6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**

16101 Euclid Beach Boulevard  
Cleveland, Ohio 44110

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.**

By: [Signature] Title: Account Rep Dated: 2/8/19  
By: [Signature] Title: Account Rep Dated: 2/8/19  
[Authorized Representatives]

**Contractor:**

Entity: Euclid Beach Healthcare  
By: [Signature] Title: Administrator Dated: 2/7/19  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing]

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<b>Dedicated Nursing Associates, Inc.</b> <b>Contract Forms</b>	<b>DNA</b> <small>Dedicated Nursing Associates, Inc.</small>
<b>DNA Contract Compliance</b>	
<b>Document Title:</b> Joint Commission Compliance Form	<b>Document Number:</b> Effective Date: 01/13/2016 Revision Date: Approved By: D.R./C.W. Page Number: Page 9 of 9

Dedicated Nursing Associates, Inc. (DNA) is a Joint Commission certified organization, with the following standards:

- Provide an orientation and training program to each health care professional at the time of hire.
- Evaluate the competency of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide DNA with verbal or written performance feedback after the employee has completed a clinical event observation.
- Agree to report any incident involving a risk to patient safety and quality of care and accurately document nursing an employee of DNA.
- This includes correct signage and safety hazards as defined in the Joint Commission on Standards for Clinical Events.
- DNA acknowledges, as a Joint Commission certified organization, that it is a public and employee that concerns about patient care and safety within the patient's organization are to be brought to the attention of the site's management personnel. Whistleblowers are not discriminated. Those individuals are encouraged to report through the agency.
- Staff members that are provided by DNA are not employees that are contracted to work through the agency.
- Management of staff (theft) only to ensure of practice within their clinical competencies.
- Be discouraged any personal gain due to the relationship with DNA (i.e. conflict of interest).

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 30 calendar days of the incident giving rise to the complaint. You may contact the Joint Commission by:

Web: <http://www.jointcommission.org/GeneralInquiry/Contactus/>  
Mail: Office of Client Monitoring  
The Joint Commission on  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

[Signature] 2/8/19  
Client Signature Date  
[Signature] 2/8/19  
Authorized Representative Date

**Exhibit A**

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$32.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$45.00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr
<b>Contract Assignment Rates</b>		
a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.00/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

**Weekend Bill Rates**

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

**Holiday Policy**

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

10

**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

11

**CONTACT CHECKLIST**

<b>Point of Contact</b>	
<b>Administrator:</b> Name: Kevin Ritz LNTA	<b>DON:</b> Celeste Loney RN
E-mail: KRitz@boulderhealthcare.com	Name:
Phone: 216-486-2300 Ext. 2501	E-mail: cloney@boulderhealthcare.com
<b>Scheduler/Staffing Coordinator:</b>	Phone: 216-486-2300 ext. 2501
Name: Same info as A	Other:
E-mail: celeste's	
Phone: mine	

<b>Type of Facility:</b> Skilled Nursing Facility (SNF)
<b>Size/Number of Beds:</b> 149
<b>Main Need (Discipline):</b> Nursing, LON'S, RN'S
<b>Currently Using Agency?</b> No

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?

12

**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> Barbara Williams	<b>Title:</b> A.P.
<b>Phone Number:</b> 216-486-2300	<b>E-mail Address:</b> Williams@boulderhealthcare.com
<b>Corporate Group Affiliation:</b> Boulder Healthcare	
<b>Company Billing Name:</b> Euclid Beach Healthcare	
<b>Billing Address:</b> 16101 Euclid Beach Blvd Cleveland, OH 44110	
<b>Invoicing Preference:</b> ( ) E-mail (X) Mail	
<b>Payment Preference:</b> ( ) ACH (X) Check ( ) Credit Card	
<b>OT Rate:</b>	<b>Holiday Rate:</b>
<b>MSP/VMS fee (if applicable):</b>	
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>	

13





Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6230 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder HealthCare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

# INVOICE

Invoice No. 159631  
Date 05/07/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
05/29/19 Wed	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular		29.00	7.50	217.50
05/30/19 Thu	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular		29.00	7.50	217.50
05/31/19 Fri	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/01/19 Sat	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular Weekend		32.00	7.50	240.00
05/26/19 Sun	11:00P - 07:00A	Eaton, Porchia (STNA)	LTC S3 Regular Weekend		32.00	1.00	32.00
			S3 Regular Weekend Holiday		48.00	6.50	312.00
05/29/19 Wed	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC S1 Regular		29.00	8.00	232.00
05/29/19 Wed	03:00P - 11:00P	Hawkins, Lataisia (STNA)	LTC S2 Regular		29.00	8.00	232.00
05/27/19 Mon	07:00A - 11:00P	Holton, Brittney (STNA)	LTC S1 Regular Holiday		43.50	16.00	696.00
06/01/19 Sat	03:00P - 11:00P	Kamau, Martin (STNA)	LTC S2 Regular Weekend		32.00	8.00	256.00
05/27/19 Mon	08:00A - 03:15P	Nichols, Shameka (STNA)	LTC S1 Regular Holiday		43.50	7.25	315.38
05/30/19 Thu	07:00A - 03:00P	Payne, Tiffany (STNA)	LTC S1 Regular		29.00	8.00	232.00
05/26/19 Sun	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC S1 Regular Weekend		32.00	8.00	256.00
05/27/19 Mon	03:00P - 11:00P	Stewart, Autumn (STNA)	LTC S2 Regular Holiday		43.50	8.00	348.00
05/28/19 Tue	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC S1 Regular		29.00	8.00	232.00
05/30/19 Thu	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC S2 Regular		29.00	8.00	232.00
05/31/19 Fri	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC S1 Regular		29.00	8.00	232.00
06/01/19 Sat	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC S1 Overtime		43.50	8.00	348.00
05/28/19 Tue	07:00A - 02:00P	Washington, Shalina (STNA)	LTC S1 Overtime Weekend		48.00	8.00	384.00
05/30/19 Thu	07:00A - 02:00P	Washington, Shalina (STNA)	LTC S1 Regular		29.00	7.00	203.00
05/27/19 Mon	07:00A - 03:00P	Willis, Brittany (STNA)	LTC S1 Regular Holiday		29.00	7.00	203.00
05/28/19 Tue	07:00A - 03:00P	Zietlow, Orion (STNA)	LTC S1 Regular		43.50	8.00	348.00
			LTC S1 Regular		29.00	7.50	217.50

**Boulder Healthcare - Euclid Beach Healthcare Subtotal: 178.25 6,203.38**

Invoice Total: 178.25 \$6,203.38

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6516 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

## EXHIBIT 8



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6516 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

Contingent Staffing: Invoice

Contingent Staffing: Invoice

Invoice No. 160091  
Date 05/14/2019  
Page 2

Terms	PO Number
30	

# INVOICE

Invoice No. 160091  
Date 05/14/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
05/07/19 Fri	11:00P - 07:00A	Beaman, Juanita (STNA)	LTC S3 Regular		29.00	8.00	232.00
06/07/19 Fri	11:00P - 07:00A	Benford, Toney (STNA)	LTC S3 Regular		29.00	7.50	217.50
05/02/19 Thu	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/05/19 Wed	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/08/19 Sat	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1 Regular Weekend		32.00	7.50	240.00
06/05/19 Wed	03:00P - 11:00P	Blackmon, Renee (STNA)	LTC S2 Regular		29.00	7.50	217.50
06/05/19 Wed	07:00A - 03:00P	Chukwunede, Tabiana (STNA)	LTC S1 Regular		29.00	8.00	232.00
06/08/19 Sat	03:00P - 11:15P	Conner, Ashlee (LPN)	LTC S2 Regular Weekend		45.00	8.25	371.25
06/05/19 Wed	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/05/19 Wed	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC S2 Regular		29.00	7.50	217.50
06/06/19 Thu	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/06/19 Thu	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC S2 Regular		29.00	7.50	217.50
06/07/19 Fri	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/07/19 Fri	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC S2 Regular		29.00	2.50	72.50
			S2 Overtime		43.50	5.50	239.25
06/08/19 Sat	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC S1 Overtime Weekend		48.00	8.00	384.00
06/05/19 Wed	11:00P - 11:45P	Goggins, Tenisha (STNA)	LTC S3 Regular		29.00	0.75	21.75
06/07/19 Fri	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC S3 Regular		29.00	8.00	232.00
06/08/19 Sat	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC S3 Regular Weekend		32.00	8.00	256.00
06/04/19 Tue	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC S1 Regular		29.00	7.50	217.50
06/07/19 Fri	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC S1 Regular		29.00	8.00	232.00
06/08/19 Sat	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC S1 Regular Weekend		32.00	7.50	240.00
05/17/19 Fri	11:00P - 07:00A	Hale, Princess (STNA)	LTC S3 Regular		29.00	7.50	217.50
06/07/19 Fri	07:00A - 03:00P	Hawkins, Lataisia (STNA)	LTC S1 Regular		29.00	8.00	232.00
06/08/19 Sat	07:00A - 03:00P	Hawkins, Lataisia (STNA)	LTC S1 Regular Weekend		32.00	8.00	256.00
06/04/19 Tue	03:00P - 11:00P	Haynes, Candance (STNA)	LTC S2 Regular		29.00	7.50	217.50
06/05/19 Wed	03:00P - 11:00P	Holton, Brittney (STNA)	LTC S2 Regular		29.00	8.00	232.00
05/01/19 Wed	03:00P - 11:30P	Hyche, Derrick (LPN)	LTC S2 Regular		42.00	8.00	336.00
06/02/19 Sun	03:00P - 11:00P	Kamau, Martin (STNA)	LTC S2 Regular Weekend		32.00	8.00	256.00

**Boulder Healthcare - Euclid Beach Healthcare Subtotal: 401.50 12,983.13**

Invoice Total: 401.50 \$12,983.13

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6516 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

# INVOICE

Invoice No. 160302  
Date 06/21/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/10/19 Mon	03:00P - 11:00P	Benford, Toney (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/10/19 Mon	07:00A - 07:00P	Benson, Tavia (STNA)	LTC	S1 Regular	29.00	11.50	333.50
06/11/19 Tue	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/14/19 Fri	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/14/19 Fri	03:00P - 11:00P	Benson, Tavia (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/15/19 Sat	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	S1 Regular Weekend	32.00	6.00	192.00
				S1 Overtime Weekend	48.00	1.50	72.00
06/13/19 Thu	03:00P - 11:00P	Blackmon, Renee (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/14/19 Fri	03:00P - 11:00P	Blackmon, Renee (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/11/19 Tue	03:00P - 11:00P	Drew, Tavana (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/15/19 Sat	03:00P - 11:00P	Drew, Tavana (STNA)	LTC	S2 Regular Weekend	32.00	8.00	256.00
06/10/19 Mon	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/10/19 Mon	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/11/19 Tue	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/11/19 Tue	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/14/19 Fri	07:00A - 03:00P	Eaton, Porchia (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/14/19 Fri	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC	S2 Regular	29.00	2.00	58.00
				S2 Overtime	43.50	6.00	261.00
06/13/19 Thu	11:00P - 07:00A	Ebotmanyinaw, Nikoline (STNA)	LTC	S3 Regular	29.00	7.50	217.50
06/12/19 Wed	03:00P - 11:30P	Ellis, Angela (RN)	LTC	S2 Regular	52.00	8.50	442.00
06/09/19 Sun	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC	S3 Regular Weekend	32.00	8.00	256.00
06/10/19 Mon	11:00P - 07:00A	Goggins, Tenisha (STNA)	LTC	S3 Regular	29.00	8.00	232.00
06/14/19 Fri	03:00P - 11:00P	Goodson, Alecia (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/09/19 Sun	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
06/10/19 Mon	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/10/19 Mon	11:00P - 07:00A	Hawkins, Lataisia (STNA)	LTC	S3 Regular	29.00	8.00	232.00
06/13/19 Thu	07:00A - 03:00P	Hawkins, Lataisia (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/10/19 Mon	07:00A - 10:00A	Jackson, DeAndre (STNA)	LTC	S1 Regular	29.00	3.00	87.00
06/11/19 Tue	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

# INVOICE

Invoice No. 160706  
Date 06/28/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/20/19 Thu	03:00P - 11:30P	Amey, Tiffany (LPN)	LTC	S2 Regular	42.00	8.00	336.00
06/16/19 Sun	07:00A - 03:00P	Benson, Tavia (STNA)	LTC	S1 Regular Weekend	32.00	7.50	240.00
06/17/19 Mon	03:00P - 11:00P	Blackmon, Renee (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/18/19 Tue	03:00P - 10:00P	Bodkin, Jennifer (LPN)	LTC	S2 Regular	42.00	6.50	273.00
06/21/19 Fri	07:00A - 04:00P	Conner, Ashlee (LPN)	LTC	S1 Regular	42.00	9.00	378.00
06/22/19 Sat	07:00A - 03:15P	Conner, Ashlee (LPN)	LTC	S1 Regular Weekend	45.00	8.25	371.25
06/18/19 Tue	07:00A - 03:00P	Desselles, Jasmine (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/22/19 Sat	07:00A - 03:00P	Desselles, Jasmine (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
06/21/19 Fri	11:00P - 07:00A	Eaton, Porchia (STNA)	LTC	S3 Regular	29.00	8.00	232.00
06/22/19 Sat	03:00P - 11:00P	Eaton, Porchia (STNA)	LTC	S2 Regular Weekend	32.00	8.00	256.00
06/22/19 Sat	11:00P - 07:00A	Eaton, Porchia (STNA)	LTC	S3 Regular Weekend	32.00	8.00	256.00
06/21/19 Fri	07:00A - 03:00P	Goodlow, Deanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/22/19 Sat	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/22/19 Sat	07:00A - 03:00P	Gossett, Sakia (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
06/16/19 Sun	07:00A - 03:00P	Hawkins, Lataisia (STNA)	LTC	S1 Regular Weekend	45.00	8.00	360.00
06/17/19 Mon	11:00P - 07:00A	Hawkins, Lataisia (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
06/20/19 Thu	03:00P - 11:30P	Hill, Shantell (LPN)	LTC	S3 Regular	29.00	8.00	232.00
06/21/19 Fri	03:00P - 11:30P	Hill, Shantell (LPN)	LTC	S2 Regular	42.00	8.00	336.00
06/19/19 Wed	03:00P - 07:15A	Holton, Brittney (STNA)	LTC	S2 Regular	42.00	8.25	346.50
06/21/19 Fri	07:00A - 03:00P	Holton, Brittney (STNA)	LTC	S2 Regular	29.00	16.25	471.25
06/21/19 Fri	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/18/19 Tue	03:00P - 11:00P	Johnson, Cory (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/18/19 Tue	03:00P - 11:00P	Kamau, Martin (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/19/19 Wed	03:00P - 11:00P	Kamau, Martin (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/21/19 Fri	03:00P - 11:00P	Kamau, Martin (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/17/19 Mon	03:00P - 11:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/20/19 Thu	03:00P - 11:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/21/19 Fri	07:00A - 03:00P	Kelly, Iesha (STNA)	LTC	S1 Regular	29.00	8.00	232.00

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Invoice No. 160302

Date 06/21/2019

Page 2

Terms PO Number

30

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/13/19 Thu	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/13/19 Thu	07:00A - 03:00P	Jordan, Alexandra (STNA)	LTC	S1 Regular	29.00	7.50	217.50
06/09/19 Sun	03:00P - 11:00P	Kamau, Martin (STNA)	LTC	S2 Regular Weekend	32.00	8.00	256.00
06/13/19 Thu	03:00P - 11:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/14/19 Fri	03:00P - 11:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/09/19 Sun	07:00A - 02:00P	Lee, Myrah (STNA)	LTC	S1 Regular Weekend	32.00	5.50	208.00
06/11/19 Tue	07:00A - 03:45P	Patterson, Derricka (LPN)	LTC	S1 Regular	42.00	8.25	346.50
06/14/19 Fri	03:00P - 11:30P	Robinson, Shatiana (LPN)	LTC	S2 Regular	42.00	8.00	336.00
06/13/19 Thu	07:00A - 03:00P	Simmons, Astin (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/14/19 Fri	07:00A - 03:00P	Simmons, Astin (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/11/19 Tue	03:00P - 11:00P	Smith, Adreyonna (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/12/19 Wed	03:00P - 11:00P	Smith, Adreyonna (STNA)	LTC	S2 Regular	29.00	7.75	224.75
06/12/19 Wed	11:00P - 07:00A	Smith, Adreyonna (STNA)	LTC	S3 Regular	29.00	7.75	224.75
06/13/19 Thu	03:00P - 11:00P	Smith, Adreyonna (STNA)	LTC	S2 Regular	29.00	8.00	232.00
06/05/19 Wed	07:00A - 11:00A	Smith, Siera (STNA)	LTC	S1 Regular	29.00	4.00	116.00

## Note Inconvenience

06/10/19 Mon	03:00P - 11:00P	Vassar, Carmi (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/09/19 Sun	07:00A - 03:00P	Washington, Shalina (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
06/10/19 Mon	07:00A - 02:00P	Washington, Shalina (STNA)	LTC	S1 Regular	29.00	7.00	203.00
06/13/19 Thu	07:00A - 03:00P	Washington, Shalina (STNA)	LTC	S1 Regular	29.00	8.00	232.00
06/12/19 Wed	03:00P - 05:30P	Watson, Tierra (STNA)	LTC	S2 Regular	29.00	2.50	72.50

**Boulder Healthcare - Euclid Beach Healthcare Subtotal: 354.75 10,967.50**

**Invoice Total: 354.75 \$10,967.50**



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder Healthcare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

# INVOICE

Invoice No. 161389  
Date 07/12/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/02/19 Tue	07:00A - 03:00P	Amey, Tiffany (LPN)	LTC	S1 Regular	42.00	7.50	315.00
07/02/19 Tue	03:00P - 11:30P	Amey, Tiffany (LPN)	LTC	S2 Regular	42.00	8.50	357.00
07/01/19 Mon	07:00A - 03:30P	Conner, Ashlee (LPN)	LTC	S1 Regular	42.00	8.50	357.00
07/02/19 Tue	07:00A - 03:30P	Conner, Ashlee (LPN)	LTC	S1 Regular	42.00	8.50	357.00
07/02/19 Tue	03:00P - 11:00P	Curtis, Antonio (STNA)	LTC	S2 Regular	29.00	8.00	232.00
07/05/19 Sat	03:00P - 10:00P	Curtis, Antonio (STNA)	LTC	S2 Regular Weekend	32.00	7.00	224.00
07/01/19 Mon	11:00P - 07:30A	Goggins, Tenisha (STNA)	LTC	S3 Regular Weekend	32.00	8.50	272.00
07/01/19 Mon	07:00A - 04:00P	Griffin, Tiffany (LPN)	LTC	S1 Regular	42.00	8.50	357.00
07/02/19 Tue	07:00A - 03:30P	Griffin, Tiffany (LPN)	LTC	S1 Regular	42.00	8.00	336.00
07/01/19 Mon	07:00A - 03:00P	Jennings, Gequanna (STNA)	LTC	S1 Regular	29.00	8.00	232.00
07/02/19 Tue	03:00P - 11:00P	Kamau, Martin (STNA)	LTC	S2 Regular	29.00	8.00	232.00
07/02/19 Tue	03:00P - 11:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	8.00	232.00
07/03/19 Wed	03:00P - 07:00P	Kelly, Iesha (STNA)	LTC	S2 Regular	29.00	4.00	116.00

## Note Inconvenience pay

07/02/19 Tue	04:00P - 11:00P	Stewart, Autumn (STNA)	LTC	S2 Regular	29.00	7.00	203.00
07/03/19 Wed	07:00A - 03:00P	Stewart, Autumn (STNA)	LTC	S1 Regular	29.00	8.00	232.00
07/02/19 Tue	03:00P - 12:00A	Sumbry, Rayona (LPN)	LTC	S2 Regular	42.00	8.50	357.00
07/02/19 Tue	03:00P - 10:45P	Tan, Kean (LPN)	LTC	S2 Regular	42.00	7.25	304.50
07/03/19 Wed	03:00P - 07:00P	Vernon, Treasure (RN)	LTC	S2 Regular	52.00	4.00	208.00

## Note Inconvenience pay per contract

**Boulder Healthcare - Euclid Beach Healthcare Subtotal: 135.75 4,923.50**

**Invoice Total: 135.75 \$4,923.50**

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

## Invoice

Date	Invoice #
8/1/2019	29511

Boulder Healthcare - Euclid Beach Healthcare  
16101 Euclid Beach Blvd.  
Cleveland, OH 44110

**INVOICE**  
Invoice No. 151802  
Date 07/15/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/07/19 Sun	07:00A - 03:00P	Benson, Tavia (STNA)	LTC S1	Regular Weekend	32.00	7.50	240.00
07/03/19 Wed	07:00A - 03:15P	Conner, Ashlee (LPN)	LTC S1	Regular	42.00	8.25	346.50
07/09/19 Tue	03:00P - 11:00P	Forte, Eyani (STNA)	LTC S2	Regular	29.00	7.50	217.50
07/10/19 Wed	03:00P - 11:00P	Forte, Eyani (STNA)	LTC S2	Regular	29.00	7.50	217.50
07/10/19 Wed	03:00P - 11:00P	Hulton, Brittney (STNA)	LTC S2	Regular	29.00	8.00	232.00
07/03/19 Wed	11:00P - 03:00A	Philpot, Honey (LPN)	LTC S3	Regular	42.00	1.00	42.00
			S3	Regular Holiday	63.00	3.00	189.00
07/03/19 Wed	03:00P - 07:00P	Smith, Adreyonna (STNA)	LTC S2	Regular	29.00	4.00	116.00

Note Inconvenience pay

**Boulder Healthcare - Euclid Beach Healthcare Subtotal: 46.75 1,600.50**

**Invoice Total: 46.75 81,600.50**

### Please Send Payments to:

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

<b>Bill To</b>
Boulder Healthcare-Euclid Beach Healthcar
16101 Euclid Beach Blvd.
Cleveland, OH 44110

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
6,203.38	Interest Due on the Following		
12,983.12	Invoice #159631	0.015	93.05
10,967.5	Invoice #160091	0.015	194.75
9,378.5	Invoice #160302	0.015	164.51
	Invoice #160706	0.015	140.68
		<b>Total</b>	<b>\$592.99</b>

## Invoice

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

Date	Invoice #
9/1/2019	31221

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

## Invoice

Date	Invoice #
10/1/2019	31851

<b>Bill To</b>
Boulder Healthcare-Euclid Beach Healthcar
16101 Euclid Beach Blvd.
Cleveland, OH 44110

<b>Bill To</b>
Boulder Healthcare-Euclid Beach Healthcar
16101 Euclid Beach Blvd.
Cleveland, OH 44110

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
6,203.38	Interest Due on the Following		
12,983.12	Invoice #159631	0.015	93.05
10,967.5	Invoice #160091	0.015	194.75
9,378.5	Invoice #160302	0.015	164.51
5.63	Invoice #160706	0.015	140.68
5.63	Invoice #157326B	0.015	0.08
6,695	Invoice #160896	0.015	100.43
4,923.5	Invoice #161389	0.015	73.85
1,600.5	Invoice #161802	0.015	24.01
592.99	Invoice #29511	0.015	8.89
		<b>Total</b>	<b>\$800.25</b>

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
6,203.38	Interest Due on the Following		
12,983.12	Invoice #159631	0.015	93.05
10,967.5	Invoice #160091	0.015	194.75
9,378.5	Invoice #160302	0.015	164.51
5.63	Invoice #160706	0.015	140.68
5.63	Invoice #157326B	0.015	0.08
6,695	Invoice #160896	0.015	100.43
4,923.5	Invoice #161389	0.015	73.85
1,600.5	Invoice #161802	0.015	24.01
592.99	Invoice #29511	0.015	8.89
800.25	Invoice #31221	0.015	12.00
		<b>Total</b>	<b>\$812.25</b>





**5. ADMINISTRATIVE LINK**

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

**6. COMPENSATION (TIME RECORDS)**

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

**7. SCHEDULING AND SUBSTITUTE STAFF**

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

**8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE**

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA, and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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**9. COMPLIANCE WITH APPLICABLE LAW**

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

**10. CONFIDENCE OF INFORMATION**

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

**11. INDEMNIFICATION**

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

**12. PROFESSIONAL LIABILITY INSURANCE**

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than

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Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, respectively by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more person or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT, ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

- A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.
- B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any laws, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

- A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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- B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29 A, 11 and 17 hereof.

- C. To the extent Contractor breaches any part of this Section 29, the indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

**30. CHANGES TO AGREEMENT**

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

**31. FINAL AGREEMENT: SURVIVABILITY OF TERMS**

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

**32. TERM OF AGREEMENT AND TERMINATION**

The term of this Agreement shall be from July 2019 to July 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

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**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**  
243 Marion Drive  
Greenville, Ohio 45331

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

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**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.**

By: Christopher Grant Title: Contract Administrator Dated: 7/2/2019  
(Authorized Representative)

By: Jennifer Postlog Title: Senior Account Executive Dated: 7/2/2019  
(Authorized Representative)

By: Wade Webb Title: Collections Manager Dated: 7/2/2019  
(Accounting Department)

**Contractor:**

Print Name: Greenville Health & Rehab

By: DD Title: Director Dated: 7/6/19  
(Authorized Representative)

[Electronic signature/verification has the same legal significance as writing].

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Dedicated Nursing Associates, Inc. Contract Forms	
DNA Contract Compliance	
Document Title: Joint Commission Compliance Form	Document Number: Effective Date: 01/13/2019 Revision Date: Approved By: D.R.J.C.W. Page Number: Page 9 of 9

Dedicated Nursing Associates, Inc. (DNA) as a Joint Commission certified organization, we encourage our clients to:

- Participate in orientation and training program to each health care professional at the time of hire.
- Include the competence of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide JCI with verification of performance feedback after the employee has completed a review of services.
- Agree to meet any patient feedback or risk to patient safety and quality of care and work to resolve any issues of JCI.
- The individual employee may not be employed or defined as a Joint Commission Certified for Standard Items.
- Joint Commission as a Joint Commission certified organization, we encourage our clients to:
- Participate in orientation and training program to each health care professional at the time of hire.
- Include the competence of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide JCI with verification of performance feedback after the employee has completed a review of services.
- Agree to meet any patient feedback or risk to patient safety and quality of care and work to resolve any issues of JCI.
- The individual employee may not be employed or defined as a Joint Commission Certified for Standard Items.
- Joint Commission as a Joint Commission certified organization, we encourage our clients to:
- Participate in orientation and training program to each health care professional at the time of hire.
- Include the competence of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide JCI with verification of performance feedback after the employee has completed a review of services.
- Agree to meet any patient feedback or risk to patient safety and quality of care and work to resolve any issues of JCI.
- The individual employee may not be employed or defined as a Joint Commission Certified for Standard Items.

Any client of Health Care of Greenville, Inc. is encouraged to report a complaint or concern to the Joint Commission within 10 calendar days of the incident giving rise to the complaint. You may contact the Joint Commission by:

Online: <http://www.jointcommission.org/About/Contact/Feedback>  
Mail: Office of Quality Improvement  
Two Joint Commission  
One Independence Boulevard  
Oakbrook Terrace, IL 60188

7/2/19  
7/2/2019  
Date

Exhibit A

10

Contractor agrees to pay for all orientation/training hours.

#### Lunch Breaks

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

#### Overtime Policy

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

#### Cancellation Policy for Per Diem Personnel

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

#### Cancellation Policy for Travel/Contract Assignment:

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

## CONTACT CHECKLIST

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Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.50/Hr	\$32.50/Hr
b. Licensed Practical Nurse	\$42.50/Hr	\$45.50/Hr
c. Registered Nurse	\$52.50/Hr	\$55.50/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$36.50/Hr	\$39.50/Hr
b. Licensed Practical Nurse	\$49.50/Hr	\$52.50/Hr
c. Registered Nurse	\$59.50/Hr	\$62.50/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new services not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

#### Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

#### Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

#### Training/Orientation

11

Point of Contact	
Administrator: Name: Victor Glasford E-mail: Phone: (419) 779-4461	DON: Name: Tracey Curran E-mail: Phone: (513) 236-1400
Scheduler/Staffing Coordinator: Name: Jody Pruitt E-mail: Phone: (937) 548-3141	Corporate Point of Contact: Name: Victor Glasford E-mail: Phone: (419) 779-4461

Type of Facility:	Skilled Nursing Facility
Size/Number of Beds:	92
Main Need (Discipline):	Stroke, Arthritis
Currently Using Agency?	No

- Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide, etc.) ?
- What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements, etc.) ?
- When (ex: length of assignment, specific schedule/days, start date, etc.) ?
- Where (ex: if multiple locations/wings, where is the help needed) ?

13

DocuSign Envelope ID: CB21589C-818E-4B32-81CE-0ACFBA3BC10F  
 JUL 22, 2019 1:04:05 PM  
 FROM: Jennifer Pablos  
 TO: 837546051@outlook.com  
 SUBJECT: Billing Information  
 15/15  
 07/22/2019 12:22 PM

## Billing Information

Billing/Invoice	
Contact Name: <u>Kyle Weisman</u>	Title: <u>R.P.</u>
Phone Number: <u>(957) 548-8141</u>	E-mail Address: <u>KWeisman@boulderhealthcare.com</u>
Corporate Group Affiliation: <u>Rehab LTC</u>	
Company Billing Name: <u>Greenville Health and Rehab</u>	
Billing Address: <u>243 Marion Drive Greenville OH 45331</u>	
Invoicing Preference:	<input type="checkbox"/> E-mail <input checked="" type="checkbox"/> Mail
Payment Preference:	<input type="checkbox"/> ACH <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card
DUNS Number:	
OT Rate:	Holiday Rate:
MSP/VMS fee (if applicable):	
Administrative fees (if applicable) & Special billing requirements:	

# EXHIBIT 11

## DNA

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Greenville Health and Rehab  
 243 Marion Drive  
 Greenville, OH 45331

## INVOICE

Invoice No. 161974  
 Date 07/19/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/11/19 Thu	06:00A - 02:00P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	7.50	221.25
Boulder - Greenville Health and Rehab Subtotal:						7.50	221.25
Invoice Total:						7.50	\$221.25

Please Send Payments to:  
 Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

## DNA

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Greenville Health and Rehab  
 243 Marion Drive  
 Greenville, OH 45331

## INVOICE

Invoice No. 162382  
 Date 07/26/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/18/19 Thu	06:00A - 02:00P	Barnes, Chrystal (STNA)	LTC	S1 Regular	29.50	7.50	221.25
07/19/19 Fri	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	8.25	243.38
07/15/19 Mon	02:00P - 10:15P	Williams, Rebecca (LPN)	LTC	S2 Regular	42.50	8.25	350.63
07/16/19 Tue	02:00P - 11:00P	Williams, Rebecca (LPN)	LTC	S2 Regular	42.50	8.75	371.88
Boulder - Greenville Health and Rehab Subtotal:						32.75	1,187.14
Invoice Total:						32.75	\$1,187.14

Please Send Payments to:

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Greenville Health and Rehab Contract  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 162172  
Date 07/26/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/16/19 Tue	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S1 Regular	49.50	8.00	396.00
07/18/19 Thu	10:00P - 05:45A	Heisle, Rickita (LPN)	LTC	S1 Regular	49.50	7.25	358.88
07/15/19 Mon	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/16/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/17/19 Wed	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/18/19 Thu	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/14/19 Sun	11:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	6.50	256.75
07/15/19 Mon	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/17/19 Wed	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/18/19 Thu	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75

**Greenville Health and Rehab Contract Subtotal: 74.25 2,927.88**

Invoice Total: 74.25 \$2,927.88

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder - Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 162728  
Date 08/02/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/23/19 Tue	02:00P - 10:45P	Nicoletti, Jamie (LPN)	LTC	S2 Regular	42.50	8.25	350.63
07/26/19 Fri	02:00P - 11:15P	Williams, Rebecca (LPN)	LTC	S2 Overtime	63.75	9.00	573.75
07/27/19 Sat	02:00P - 10:15P	Williams, Rebecca (LPN)	LTC	S2 Overtime Weekend	68.25	7.75	528.94
<b>Boulder - Greenville Health and Rehab Subtotal:</b>					<b>25.00</b>	<b>1,453.32</b>	
<b>Invoice Total:</b>					<b>25.00</b>	<b>\$1,453.32</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Greenville Health and Rehab Contract  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 162534  
Date 08/02/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/20/19 Sat	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S1 Regular Weekend	52.50	7.75	406.88
07/22/19 Mon	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
07/23/19 Tue	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/24/19 Wed	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/25/19 Thu	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
07/19/19 Fri	11:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	6.50	237.25
07/20/19 Sat	10:00P - 10:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular Weekend	39.50	11.50	454.25
07/23/19 Tue	10:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/24/19 Wed	10:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/26/19 Fri	10:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/20/19 Sat	06:00A - 09:00A	Patterson, Amanda (STNA)	LTC	S4 Regular Weekend	39.50	3.00	118.50
07/23/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/24/19 Wed	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/25/19 Thu	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/26/19 Fri	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
07/20/19 Sat	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.50	296.25
07/21/19 Sun	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.50	296.25
07/22/19 Mon	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/23/19 Tue	10:00P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.75	282.88
07/25/19 Thu	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75

**Greenville Health and Rehab Contract Subtotal: 150.25 6,102.90**

Invoice Total: 150.25 \$6,102.90

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Greenville Health and Rehab Contract  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 163092  
Date 08/09/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/28/19 Sun	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular Weekend	52.50	7.75	406.88
07/29/19 Mon	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
07/31/19 Wed	10:00P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.25	408.38
08/02/19 Fri	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	7.75	383.63
08/03/19 Sat	09:45P - 06:00A	Heisle, Rickita (LPN)	LTC	S3 Regular Weekend	52.50	7.75	406.88
07/28/19 Sun	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular Weekend	39.50	11.50	454.25
07/31/19 Wed	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.50	419.75
08/01/19 Thu	06:00P - 10:00P	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	4.00	146.00
08/02/19 Fri	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.50	419.75
07/29/19 Mon	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	8.00	292.00
07/30/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/02/19 Fri	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/03/19 Sat	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular Weekend	39.50	7.50	296.25
07/26/19 Fri	07:00A - 04:45P	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	9.75	355.88

**Note 40 hours guaranteed as per contracted. JC**

07/28/19 Sun	10:15P - 06:30A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.75	306.13
07/29/19 Mon	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/30/19 Tue	10:00P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
07/31/19 Wed	10:15P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
07/29/19 Mon	01:30P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.00	396.00
07/30/19 Tue	01:45P - 10:15P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
07/31/19 Wed	01:45P - 10:30P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.75	433.13
08/01/19 Thu	02:00P - 10:15P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	6.50	321.75
			LTC	S2 Overtime	74.25	1.75	129.94
08/02/19 Fri	02:00P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Overtime	74.25	8.00	594.00

**Greenville Health and Rehab Contract Subtotal: 189.50 8,334.61**

Invoice Total: 189.50 \$8,334.61

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Greenville Health and Rehab  
 243 Marion Drive  
 Greenville, OH 45331

**INVOICE**

Invoice No. 162922  
 Date 08/09/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/01/19 Thu	06:30A - 02:00P	Collins, Tyra (STNA)	LTC	S1 Regular	29.50	7.00	206.50
08/02/19 Fri	06:00A - 02:00P	Collins, Tyra (STNA)	LTC	S1 Regular	29.50	7.50	221.25
07/23/19 Tue	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	7.75	228.63
07/30/19 Tue	06:00A - 02:15P	Dahlstrom, Merissa (STNA)	LTC	S1 Regular	29.50	7.75	228.63
<b>Boulder - Greenville Health and Rehab Subtotal:</b>					<b>30.00</b>		<b>\$885.01</b>
<b>Invoice Total:</b>					<b>30.00</b>		<b>\$885.01</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Greenville Health and Rehab Contract  
 243 Marion Drive  
 Greenville, OH 45331

**INVOICE**

Invoice No. 163421  
 Date 08/16/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/07/19 Wed	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
08/09/19 Fri	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular	49.50	8.00	396.00
08/10/19 Sat	09:45P - 06:15A	Heisle, Rickita (LPN)	LTC	S3 Regular Weekend	52.50	8.00	420.00
08/06/19 Tue	06:00P - 01:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	7.00	255.50
08/08/19 Thu	06:00P - 01:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	4.00	146.00
08/09/19 Fri	06:15P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular	36.50	11.25	410.63
08/10/19 Sat	06:00P - 06:00A	Jackson, Kelsie (STNA)	LTC	S1 Regular Weekend	39.50	11.50	454.25
08/04/19 Sun	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular Weekend	39.50	7.50	296.25
08/06/19 Tue	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/07/19 Wed	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	7.50	273.75
08/08/19 Thu	06:00A - 02:00P	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	8.00	292.00
08/09/19 Fri	06:00A - 10:00A	Patterson, Amanda (STNA)	LTC	S4 Regular	36.50	4.00	146.00
08/05/19 Mon	11:00A - 11:00P	Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	11.50	569.25
08/06/19 Tue	11:00A - 11:00P	Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	8.50	420.75
08/08/19 Thu	11:00A - 11:00P	Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	3.00	148.50
08/09/19 Fri	02:00P - 11:00P	Perdue, Ja'ela (LPN)	LTC	S1 Regular	49.50	5.50	272.25
			LTC	S1 Overtime	74.25	3.00	222.75
08/04/19 Sun	10:15P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular Weekend	39.50	7.25	286.38
08/05/19 Mon	10:15P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
08/06/19 Tue	10:45P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.00	255.50
08/07/19 Wed	10:15P - 06:00A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.25	264.63
08/08/19 Thu	10:15P - 06:15A	Scruggs, Tiffany (STNA)	LTC	S1 Regular	36.50	7.50	273.75
08/05/19 Mon	01:45P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.00	396.00
08/06/19 Tue	01:45P - 10:15P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
08/07/19 Wed	01:45P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
08/09/19 Fri	01:45P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular	49.50	8.25	408.38
08/10/19 Sat	01:45P - 10:00P	Turk, Courtney (LPN)	LTC	S2 Regular Weekend	52.50	7.25	380.63
			LTC	S2 Overtime Weekend	78.75	1.00	78.75

**Please Send Payments to:**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Boulder - Greenville Health and Rehab  
 243 Marion Drive  
 Greenville, OH 45331

**INVOICE**

Invoice No. 163294  
 Date 08/16/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/05/19 Mon	06:00A - 02:00P	Alexander, Julia (STNA)	LTC	S1 Regular	29.50	8.00	236.00
<b>Boulder - Greenville Health and Rehab Subtotal:</b>					<b>8.00</b>		<b>236.00</b>
<b>Invoice Total:</b>					<b>8.00</b>		<b>\$236.00</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

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## DNA

## DNA

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/10/2019  
Invoice #: 14924524

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/17/2019  
Invoice #: 14924523

## Bill To:

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

## Services Provided For:

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

## Bill To:

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

## Services Provided For:

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Rickita Lynn Heisle

Caregiver Name: Rickita Lynn Heisle

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/08/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
Caregiver Sub Total:				8.00		\$396.00
Unit Sub Total:				8.00		\$396.00
Department Sub Total:				8.00		\$396.00
Facility Total:				8.00		\$396.00

Please pay this amount: \$396.00

Please remit amount to:  
Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

Facility: Greenville Health and Rehab

Invoice  
#: 14924524

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Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Amanda Patterson

Caregiver Name: Amanda LaSha Patterson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	6:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/14/2019	6:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/17/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$36.50	\$36.50
08/17/2019	7:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	10.50	\$36.50	\$414.75
Caregiver Sub Total:				34.50		\$1290.75
Unit Sub Total:				34.50		\$1290.75

Unit Name: Courtney Blake Turk

Caregiver Name: Courtney Blake Turk

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	1:45PM - 10:00PM	Courtney Blake Turk	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/12/2019	1:45PM - 10:15PM	Courtney Blake Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/14/2019	1:45PM - 10:30PM	Courtney Blake Turk	OH - LPN Hourly	8.75	\$49.50	\$433.13
08/15/2019	1:45PM - 10:00PM	Courtney Blake Turk	OH - LPN Hourly	8.25	\$49.50	\$408.38
08/15/2019	10:00PM - 4:15AM	Courtney Blake Turk	OH - LPN Hourly	6.25	\$49.50	\$309.38
08/16/2019	4:15AM - 6:30AM	Courtney Blake Turk	OH - LPN Hourly	2.25	\$74.25	\$167.06
Caregiver Sub Total:				42.25		\$2171.83
Unit Sub Total:				42.25		\$2171.83

Unit Name: Damon Dicks

Caregiver Name: Damon Isala Dicks

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/12/2019	9:45PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
08/13/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/15/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13

Facility: Greenville Health and Rehab

Invoice  
#: 14924523

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08/16/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
Caregiver Sub Total:				32.75		\$1195.39
Unit Sub Total:				32.75		\$1195.39

Unit Name: Ja'ela Perdue

Caregiver Name: Ja'ela Tyrae Perdue

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$49.50	\$569.25
08/16/2019	11:00AM - 11:30PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/17/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$52.50	\$603.75
Caregiver Sub Total:				35.00		\$1767.00
Unit Sub Total:				35.00		\$1767.00

Unit Name: Kelsie Jackson

Caregiver Name: Kelsie Jackson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	6:00PM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$39.50	\$454.25
08/14/2019	6:00PM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/17/2019	6:00PM - 10:00PM	Kelsie Jackson	OH - STNA Hourly	4.00	\$39.50	\$158.00
Caregiver Sub Total:				27.00		\$1032.00
Unit Sub Total:				27.00		\$1032.00

Unit Name: Rebecca Williams

Caregiver Name: Rebecca Cathie Williams

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	2:00PM - 10:30PM	Rebecca Cathie Williams	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/12/2019	2:00PM - 11:15PM	Rebecca Cathie Williams	OH - LPN Hourly	9.00	\$49.50	\$445.50
08/13/2019	1:45PM - 10:15PM	Rebecca Cathie Williams	OH - LPN Hourly	8.25	\$49.50	\$408.38
08/14/2019	10:45AM - 11:30PM	Rebecca Cathie Williams	OH - LPN Hourly	12.25	\$49.50	\$606.38
08/16/2019	10:45AM - 1:00PM	Rebecca Cathie Williams	OH - LPN Hourly	2.25	\$49.50	\$111.38
08/16/2019	1:00PM - 11:15PM	Rebecca Cathie Williams	OH - LPN Hourly	9.75	\$74.25	\$723.94
08/17/2019	10:45AM - 10:45PM	Rebecca Cathie Williams	OH - LPN Hourly	11.50	\$78.75	\$905.63
Caregiver Sub Total:				61.25		\$3634.34
Unit Sub Total:				61.25		\$3634.34

Facility: Greenville Health and Rehab

Invoice  
#: 14924523

Page 2 Of 3

Unit Name: Rickita Lynn Heisle

Caregiver Name: Rickita Lynn Heisle

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/14/2019	10:00PM - 6:00AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/16/2019	9:45PM - 8:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
Caregiver Sub Total:				24.00		\$1188.00
Unit Sub Total:				24.00		\$1188.00
Department Sub Total:				256.75		\$12279.31
Facility Total:				256.75		\$12279.31

Please pay this amount: \$12279.31

Please remit amount to:  
Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

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Facility: Greenville Health and Rehab

Invoice  
#: 14924523

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**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/17/2019  
Invoice #: 14924523

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Amanda Patterson

Caregiver Name: Amanda LaSha Patterson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	6:00AM - 8:00PM	Amanda LaSha Patterson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/14/2019	6:00AM - 8:00PM	Amanda LaSha Patterson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/17/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$36.50	\$36.50
08/17/2019	7:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	10.50	\$39.50	\$414.75
<b>Caregiver Sub Total:</b>				<b>34.50</b>		<b>\$1290.75</b>
<b>Unit Sub Total:</b>				<b>34.50</b>		<b>\$1290.75</b>

Unit Name: Courtney Blaik Turk

Caregiver Name: Courtney Blaik Turk

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	1:45PM - 10:00PM	Courtney Blaik Turk	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/12/2019	1:45PM - 10:15PM	Courtney Blaik Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/14/2019	1:45PM - 10:30PM	Courtney Blaik Turk	OH - LPN Hourly	8.75	\$49.50	\$433.13
08/15/2019	1:45PM - 10:00PM	Courtney Blaik Turk	OH - LPN Hourly	8.25	\$49.50	\$408.38
08/15/2019	10:00PM - 4:15AM	Courtney Blaik Turk	OH - LPN Hourly	6.25	\$49.50	\$309.38
08/16/2019	4:15AM - 6:30AM	Courtney Blaik Turk	OH - LPN Hourly	2.25	\$74.25	\$167.06
<b>Caregiver Sub Total:</b>				<b>42.25</b>		<b>\$2171.83</b>
<b>Unit Sub Total:</b>				<b>42.25</b>		<b>\$2171.83</b>

Unit Name: Damon Dicks

Caregiver Name: Damon Isaac Dicks

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/12/2019	9:45PM - 8:15AM	Damon Isaac Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
08/13/2019	9:45PM - 8:00AM	Damon Isaac Dicks	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/15/2019	9:45PM - 6:00AM	Damon Isaac Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13

Facility: Greenville Health and Rehab

Invoice  
#: 14924523

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08/16/2019 9:45PM - 6:00AM Damon Isaac Dicks OH - STNA Hourly 8.25 \$36.50 \$301.13  
**Caregiver Sub Total:** 32.75 \$1195.39  
**Unit Sub Total:** 32.75 \$1195.39

Unit Name: Ja'ela Perdue

Caregiver Name: Ja'ela Tyrae Perdue

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$49.50	\$569.25
08/16/2019	11:00AM - 11:30PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/17/2019	11:00AM - 11:00PM	Ja'ela Tyrae Perdue	OH - LPN Hourly	11.50	\$52.50	\$603.75
<b>Caregiver Sub Total:</b>				<b>35.00</b>		<b>\$1767.00</b>
<b>Unit Sub Total:</b>				<b>35.00</b>		<b>\$1767.00</b>

Unit Name: Kelsie Jackson

Caregiver Name: Kelsie Jackson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	6:00PM - 8:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$39.50	\$454.25
08/14/2019	6:00PM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	11.50	\$36.50	\$419.75
08/17/2019	6:00PM - 10:00PM	Kelsie Jackson	OH - STNA Hourly	4.00	\$39.50	\$158.00
<b>Caregiver Sub Total:</b>				<b>27.00</b>		<b>\$1032.00</b>
<b>Unit Sub Total:</b>				<b>27.00</b>		<b>\$1032.00</b>

Unit Name: Rebecca Williams

Caregiver Name: Rebecca Cathie Williams

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/11/2019	2:00PM - 10:30PM	Rebecca Cathie Williams	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/12/2019	2:00PM - 11:15PM	Rebecca Cathie Williams	OH - LPN Hourly	9.00	\$49.50	\$445.50
08/13/2019	1:45PM - 10:15PM	Rebecca Cathie Williams	OH - LPN Hourly	8.25	\$49.50	\$408.38
08/14/2019	10:45AM - 11:30PM	Rebecca Cathie Williams	OH - LPN Hourly	12.25	\$49.50	\$606.38
08/16/2019	10:45AM - 1:00PM	Rebecca Cathie Williams	OH - LPN Hourly	2.25	\$49.50	\$111.38
08/16/2019	1:00PM - 11:15PM	Rebecca Cathie Williams	OH - LPN Hourly	9.75	\$74.25	\$723.94
08/17/2019	10:45AM - 10:45PM	Rebecca Cathie Williams	OH - LPN Hourly	11.50	\$78.75	\$905.63
<b>Caregiver Sub Total:</b>				<b>61.25</b>		<b>\$3634.34</b>
<b>Unit Sub Total:</b>				<b>61.25</b>		<b>\$3634.34</b>

Facility: Greenville Health and Rehab

Invoice  
#: 14924523

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Unit Name: Rickita Heisle

Caregiver Name: Rickita Lynn Heisle

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/13/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/14/2019	10:00PM - 6:00AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/16/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
<b>Caregiver Sub Total:</b>				<b>24.00</b>		<b>\$1188.00</b>
<b>Unit Sub Total:</b>				<b>24.00</b>		<b>\$1188.00</b>
<b>Department Sub Total:</b>				<b>256.75</b>		<b>\$12279.31</b>
<b>Facility Total:</b>				<b>256.75</b>		<b>\$12279.31</b>

Please pay this amount: \$12279.31

Please remit amount to:

Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%

9/17/2019

Contingent Staffing Invoice

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder - Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 163709  
Date 08/23/2019  
Page 1

Term	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/15/19 Thu	06:00A - 02:00P	Hildebrand, Bobby Jo (STNA)	LTC	S1 Regular	29.50	7.50	221.25
08/13/19 Tue	02:00P - 10:15P	Nicoletti, Jamie (LPN)	LTC	S2 Regular	42.50	7.75	329.38
<b>Boulder - Greenville Health and Rehab Subtotal:</b>						<b>15.25</b>	<b>\$550.63</b>
<b>Invoice Total:</b>						<b>15.25</b>	<b>\$550.63</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Facility: Greenville Health and Rehab

Invoice  
#: 14924523

Page 3 Of 3

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
5536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/17/2019  
Invoice #: 14956942

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Rickita Heisle

Caregiver Name: Rickita Lynn Heisle

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/17/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$52.50	\$420.00
Caregiver Sub Total:				8.00		\$420.00
Unit Sub Total:				8.00		\$420.00
Department Sub Total:				8.00		\$420.00
Facility Total:				8.00		\$420.00

Please pay this amount: \$420.00

**Please remit amount to:**

Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number  
on your check.

All invoices that are past due per terms of the contract will be charged an interest rate  
of 1.5%.

Facility: Greenville Health and Rehab

Invoice  
#: 14956942

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**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
5536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/24/2019  
Invoice #: 14956941

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Amanda Patterson

Caregiver Name: Amanda LaSha Patterson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/18/2019	6:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	12.00	\$39.50	\$474.00
08/19/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$39.50	\$39.50
08/19/2019	7:00AM - 6:00PM	Amanda LaSha Patterson	OH - STNA Hourly	10.50	\$36.50	\$383.25
08/22/2019	6:00AM - 7:00PM	Amanda LaSha Patterson	OH - STNA Hourly	12.50	\$36.50	\$456.25
Caregiver Sub Total:				36.00		\$1353.00
Unit Sub Total:				36.00		\$1353.00

Unit Name: Courtney Blake Turk

Caregiver Name: Courtney Blake Turk

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/19/2019	1:45PM - 10:15PM	Courtney Blake Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/20/2019	1:45PM - 10:30PM	Courtney Blake Turk	OH - LPN Hourly	8.75	\$49.50	\$433.13
08/21/2019	1:30PM - 10:45PM	Courtney Blake Turk	OH - LPN Hourly	9.25	\$49.50	\$457.88
08/23/2019	1:30PM - 10:15PM	Courtney Blake Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/24/2019	1:30PM - 6:25PM	Courtney Blake Turk	OH - LPN Hourly	5.00	\$52.50	\$262.50
08/24/2019	6:25PM - 10:00PM	Courtney Blake Turk	OH - LPN Hourly	3.50	\$78.75	\$275.63
Caregiver Sub Total:				43.50		\$2270.64
Unit Sub Total:				43.50		\$2270.64

Unit Name: Damon Dicks

Caregiver Name: Damon Isala Dicks

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/19/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
08/20/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	7.75	\$36.50	\$282.88
08/21/2019	9:45PM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13
08/23/2019	9:45PM - 8:00AM	Damon Isala Dicks	OH - STNA Hourly	8.25	\$36.50	\$301.13

Facility: Greenville Health and Rehab

Invoice  
#: 14956941

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08/24/2019	9:45PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	7.50	\$39.50	\$296.25
08/25/2019	5:15AM - 6:00AM	Damon Isala Dicks	OH - STNA Hourly	0.75	\$59.25	\$44.44
Caregiver Sub Total:				40.75		\$1529.96
Unit Sub Total:				40.75		\$1529.96

Unit Name: Jalela Perdue

Caregiver Name: Jalela Tyras Perdue

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/18/2019	11:00AM - 11:00PM	Jalela Tyras Perdue	OH - LPN Hourly	11.50	\$52.50	\$603.75
08/22/2019	1:00PM - 11:00PM	Jalela Tyras Perdue	OH - LPN Hourly	9.50	\$49.50	\$470.25
08/23/2019	11:00AM - 11:00PM	Jalela Tyras Perdue	OH - LPN Hourly	11.50	\$49.50	\$569.25
Caregiver Sub Total:				32.50		\$1643.25
Unit Sub Total:				32.50		\$1643.25

Unit Name: Jasmine Searcy

Caregiver Name: Jasmine Arian Searcy

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/19/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/20/2019	10:00PM - 6:15AM	Jasmine Arian Searcy	OH - STNA Hourly	7.75	\$36.50	\$282.88
08/21/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/22/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/23/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
Caregiver Sub Total:				37.75		\$1377.88
Unit Sub Total:				37.75		\$1377.88

Unit Name: Maddison Miller

Caregiver Name: Maddison Miller

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/18/2019	6:15AM - 7:00AM	Maddison Miller	OH - STNA Hourly	0.75	\$39.50	\$29.63
08/19/2019	7:00AM - 2:15PM	Maddison Miller	OH - STNA Hourly	5.75	\$36.50	\$210.38
08/20/2019	6:00AM - 2:00PM	Maddison Miller	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/21/2019	6:30AM - 2:00PM	Maddison Miller	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/22/2019	6:00AM - 2:30PM	Maddison Miller	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/24/2019	6:00AM - 7:00AM	Maddison Miller	OH - STNA Hourly	1.00	\$36.50	\$36.50
08/24/2019	7:00AM - 2:00PM	Maddison Miller	OH - STNA Hourly	6.50	\$39.50	\$256.75
Caregiver Sub Total:				38.00		\$1408.78
Unit Sub Total:				38.00		\$1408.78

Unit Name: Rebecca Williams

Caregiver Name: Rebecca Cathie Williams

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/20/2019	10:45AM - 11:00PM	Rebecca Cathie Williams	OH - LPN Hourly	11.75	\$49.50	\$581.83
08/21/2019	1:45PM - 10:45PM	Rebecca Cathie Williams	OH - LPN Hourly	9.00	\$49.50	\$445.50
08/23/2019	10:45AM - 11:30PM	Rebecca Cathie Williams	OH - LPN Hourly	12.25	\$49.50	\$606.38
08/24/2019	10:45AM - 5:45PM	Rebecca Cathie Williams	OH - LPN Hourly	7.00	\$52.50	\$367.50
08/24/2019	5:45PM - 11:00PM	Rebecca Cathie Williams	OH - LPN Hourly	4.75	\$78.75	\$374.06
Caregiver Sub Total:				44.75		\$2375.07
Unit Sub Total:				44.75		\$2375.07

Facility: Greenville Health and Rehab

Invoice  
#: 14956941

Page 2 Of 3

08/18/2019	9:30PM - 6:00AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$52.50	\$420.00
08/20/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/21/2019	10:00PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	7.75	\$49.50	\$383.63
08/22/2019	9:45PM - 6:15AM	Rickita Lynn Heisle	OH - LPN Hourly	8.00	\$49.50	\$396.00
08/23/2019	9:30PM - 5:15AM	Rickita Lynn Heisle	OH - LPN Hourly	7.75	\$49.50	\$383.63
08/24/2019	5:15AM - 6:00AM	Rickita Lynn Heisle	OH - LPN Hourly	0.25	\$74.25	\$18.56
Caregiver Sub Total:				40.25		\$2022.57
Unit Sub Total:				40.25		\$2022.57
Department Sub Total:				313.50		\$13978.13
Facility Total:				313.50		\$13978.13

Please pay this amount: \$13978.13

**Please remit amount to:**

Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number  
on your check.

All invoices that are past due per terms of the contract will be charged an interest rate  
of 1.5%.

Facility: Greenville Health and Rehab

Invoice  
#: 14956941

Page 3 Of 3

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder - Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH 45331

**INVOICE**

Invoice No. 164033  
Date 08/30/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/16/19 Fri	06:00A - 02:00P	Howard, Adam (STNA)	LTC	S1 Overtime	44.25	7.50	331.88
08/20/19 Tue	06:00A - 02:00P	Howard, Adam (STNA)	LTC	S1 Regular	29.50	5.50	162.25
				S1 Overtime	44.25	2.00	88.50
08/21/19 Wed	06:00A - 02:00P	Tobe, Kristina (STNA)	LTC	S1 Regular	29.50	8.00	236.00
08/23/19 Fri	06:15A - 02:00P	Tobe, Kristina (STNA)	LTC	S1 Regular	29.50	7.75	228.63
<b>Boulder - Greenville Health and Rehab Subtotal:</b>					<b>30.75</b>	<b>1,047.26</b>	
<b>Invoice Total:</b>					<b>30.75</b>	<b>\$1,047.26</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
Thank You For Allowing Us the Privilege of Serving You!  
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15626-2409  
Phone: 855-349-6013

Period Ending: 8/31/2019  
Invoice #: 15099467

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab

Department Name: STAR

Unit Name: Amanda Patterson

Caregiver Name: Amanda LaSha Patterson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/25/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$39.50	\$39.50
08/25/2019	7:00AM - 6:30PM	Amanda LaSha Patterson	OH - STNA Hourly	11.00	\$36.50	\$401.50
08/29/2019	6:00AM - 6:30PM	Amanda LaSha Patterson	OH - STNA Hourly	12.00	\$36.50	\$438.00
08/31/2019	6:00AM - 7:00AM	Amanda LaSha Patterson	OH - STNA Hourly	1.00	\$36.50	\$36.50
08/31/2019	7:00AM - 6:30PM	Amanda LaSha Patterson	OH - STNA Hourly	11.00	\$39.50	\$434.50
<b>Caregiver Sub Total:</b>					<b>36.00</b>	<b>\$1350.00</b>
<b>Unit Sub Total:</b>					<b>36.00</b>	<b>\$1350.00</b>

Unit Name: Courtney Blake Turk

Caregiver Name: Courtney Blake Turk

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/25/2019	1:45PM - 10:00PM	Courtney Blake Turk	OH - LPN Hourly	8.25	\$52.50	\$433.13
08/26/2019	10:40AM - 11:15PM	Courtney Blake Turk	OH - LPN Hourly	12.50	\$49.50	\$618.75
08/27/2019	1:15PM - 10:15PM	Courtney Blake Turk	OH - LPN Hourly	9.00	\$49.50	\$445.50
08/28/2019	1:30PM - 10:06PM	Courtney Blake Turk	OH - LPN Hourly	8.50	\$49.50	\$420.75
08/29/2019	1:30PM - 3:10PM	Courtney Blake Turk	OH - LPN Hourly	1.75	\$49.50	\$86.63
08/29/2019	3:10PM - 10:45PM	Courtney Blake Turk	OH - LPN Hourly	7.50	\$74.25	\$556.88
08/30/2019	9:30AM - 10:30PM	Courtney Blake Turk	OH - LPN Hourly	13.00	\$74.25	\$965.25
<b>Caregiver Sub Total:</b>					<b>60.50</b>	<b>\$3526.89</b>
<b>Unit Sub Total:</b>					<b>60.50</b>	<b>\$3526.89</b>

Unit Name: Damon Dicks

Caregiver Name: Damon Isala Dicks

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/26/2019	9:45PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/27/2019	9:45PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	8.50	\$36.50	\$310.25

Facility: Greenville Health and Rehab

Invoice  
#15099467

Page 1 Of 3

08/28/2019	9:45PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/29/2019	9:30PM - 6:15AM	Damon Isala Dicks	OH - STNA Hourly	8.75	\$36.50	\$319.38
<b>Caregiver Sub Total:</b>					<b>33.25</b>	<b>\$1213.63</b>
<b>Unit Sub Total:</b>					<b>33.25</b>	<b>\$1213.63</b>

Unit Name: Jalela Tyrae Perdus

Caregiver Name: Jalela Tyrae Perdus

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/27/2019	10:00AM - 10:30PM	Jalela Tyrae Perdus	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/30/2019	10:00AM - 10:30PM	Jalela Tyrae Perdus	OH - LPN Hourly	12.00	\$49.50	\$594.00
08/31/2019	10:00AM - 10:30PM	Jalela Tyrae Perdus	OH - LPN Hourly	12.00	\$52.50	\$630.00
<b>Caregiver Sub Total:</b>					<b>36.00</b>	<b>\$1918.00</b>
<b>Unit Sub Total:</b>					<b>36.00</b>	<b>\$1918.00</b>

Unit Name: Jasmine Searcy

Caregiver Name: Jasmine Arian Searcy

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/26/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/27/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/28/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/29/2019	10:15PM - 6:15AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/31/2019	10:00PM - 6:00AM	Jasmine Arian Searcy	OH - STNA Hourly	7.50	\$39.50	\$296.25
<b>Caregiver Sub Total:</b>					<b>37.50</b>	<b>\$1391.25</b>
<b>Unit Sub Total:</b>					<b>37.50</b>	<b>\$1391.25</b>

Unit Name: Kelsie Jackson

Caregiver Name: Kelsie Jackson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/29/2019	3:00PM - 11:00PM	Kelsie Jackson	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/30/2019	3:00PM - 11:00PM	Kelsie Jackson	OH - STNA Hourly	7.50	\$36.50	\$273.75
<b>Caregiver Sub Total:</b>					<b>15.00</b>	<b>\$547.50</b>
<b>Unit Sub Total:</b>					<b>15.00</b>	<b>\$547.50</b>

Unit Name: Maddison Miller

Caregiver Name: Maddison Lynne Miller

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/25/2019	6:00AM - 2:00PM	Maddison Lynne Miller	OH - STNA Hourly	7.50	\$39.50	\$296.25
08/27/2019	6:00AM - 2:15PM	Maddison Lynne Miller	OH - STNA Hourly	7.75	\$36.50	\$282.88
08/28/2019	6:00AM - 2:00PM	Maddison Lynne Miller	OH - STNA Hourly	7.50	\$36.50	\$273.75
08/29/2019	6:00AM - 2:00PM	Maddison Lynne Miller	OH - STNA Hourly	8.00	\$36.50	\$292.00
08/30/2019	6:00AM - 2:15PM	Maddison Lynne Miller	OH - STNA Hourly	7.75	\$36.50	\$282.88
<b>Caregiver Sub Total:</b>					<b>36.50</b>	<b>\$1427.76</b>
<b>Unit Sub Total:</b>					<b>36.50</b>	<b>\$1427.76</b>

Unit Name: Rebecca Williams

Caregiver Name: Rebecca Cathe Williams

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/25/2019	1:45PM - 10:30PM	Rebecca Cathe Williams	OH - LPN Hourly	8.25	\$52.50	\$433.13

Facility: Greenville Health and Rehab

Invoice  
#15099467

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**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/24/2019  
Invoice #: 15099469

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Rebecca Williams

Caregiver Name: Rebecca Cathie Williams

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/19/2019	1:45PM - 11:15PM	Rebecca Cathie Williams	OH - LPN Hourly	9.00	\$74.25	\$668.25
<b>Caregiver Sub Total:</b>				<b>9.00</b>		<b>\$668.25</b>
<b>Unit Sub Total:</b>				<b>9.00</b>		<b>\$668.25</b>
<b>Department Sub Total:</b>				<b>9.00</b>		<b>\$668.25</b>
<b>Facility Total:</b>				<b>9.00</b>		<b>\$668.25</b>

Please pay this amount: \$668.25

Please remit amount to:  
Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Facility: Greenville Health and Rehab

Invoice  
#: 15099469

Page 1 Of 1

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Period Ending: 8/17/2019  
Invoice #: 15099468

**Bill To:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

**Services Provided For:**

Greenville Health and Rehab  
243 Marion Drive  
Greenville, OH - 45331

Facility Name: Greenville Health and Rehab  
Department Name: STAR  
Unit Name: Kelsie Jackson

Caregiver Name: Kelsie Jackson

Date	Shifts	Caregiver	Description	Hrs/Units	Rate	Total
08/15/2019	6:00PM - 12:00AM	Kelsie Jackson	OH - STNA Hourly	6.00	\$36.50	\$219.00
08/16/2019	12:00AM - 6:00AM	Kelsie Jackson	OH - STNA Hourly	5.50	\$54.75	\$301.13
<b>Caregiver Sub Total:</b>				<b>11.50</b>		<b>\$520.13</b>
<b>Unit Sub Total:</b>				<b>11.50</b>		<b>\$520.13</b>
<b>Department Sub Total:</b>				<b>11.50</b>		<b>\$520.13</b>
<b>Facility Total:</b>				<b>11.50</b>		<b>\$520.13</b>

Please pay this amount: \$520.13

Please remit amount to:  
Dedicated Nursing Associates,  
Inc.  
6536 William Penn Highway  
Rt. 22 Suite 202  
Delmont, PA - 15636-2409  
Phone: 855-349-6013

Please return a copy of this invoice with your payment or indicate the invoice number on your check.

All invoices that are past due per terms of the contract will be charged an interest rate of 1.5%.

Facility: Greenville Health and Rehab

Invoice  
#: 15099468

Page 1 Of 1

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

**Invoice**

Date	Invoice #
10/1/2019	31921

<b>Bill To</b>
Greenville Health and Rehab 243 Marion Drive Greenville, OH 45331

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
221.25	Interest for past due invoices	0.00	0.00
1,187.14	Invoice #161974	0.015	3.32
2,927.88	Invoice #162382	0.015	17.81
1,353.32	Invoice #162172	0.015	43.92
6,102.9	Invoice #162728	0.015	21.80
8,334.61	Invoice #162534	0.015	91.54
885.01	Invoice #163092	0.015	125.02
10,885.67	Invoice #162922	0.015	13.28
236	Invoice #163421	0.015	163.29
396	Invoice #163294	0.015	3.54
12,279.31	Invoice #14924524	0.015	5.94
550.63	Invoice #14924523	0.015	184.19
420	Invoice #163709	0.015	8.26
13,978.12	Invoice #14956942	0.015	6.30
1,047.26	Invoice #14956941	0.015	269.67
	Invoice #164033	0.015	15.71
<b>Total</b>			<b>\$913.99</b>

**EXHIBIT 12**

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

## Statement

Date
10/8/2019

To:
Greenville Health and Rehab 243 Marion Drive Greenville, OH 45331

		Amount Due	Amount Enc.		
		\$101,692.36			
Date	Transaction	Amount	Balance		
07/19/2019	INV #161974 Due 08/18/2019 Orig. Amount \$221.25	221.25	221.25		
07/26/2019	INV #162172 Due 08/25/2019 Orig. Amount \$2,927.88	2,927.88	3,149.13		
07/26/2019	INV #162382 Due 08/25/2019 Orig. Amount \$1,187.14	1,187.14	4,336.27		
08/02/2019	INV #162534 Due 09/01/2019 Orig. Amount \$6,102.90	6,102.90	10,439.17		
08/02/2019	INV #162728 Due 09/01/2019 Orig. Amount \$1,453.32	1,453.32	11,892.49		
08/09/2019	INV #162922 Due 09/08/2019 Orig. Amount \$885.01	885.01	12,777.50		
08/09/2019	INV #163092 Due 09/08/2019 Orig. Amount \$8,334.61	8,334.61	21,112.11		
08/16/2019	INV #163294 Due 09/15/2019 Orig. Amount \$236.00	236.00	21,348.11		
08/16/2019	INV #163421 Due 09/15/2019 Orig. Amount \$10,885.67	10,885.67	32,233.78		
08/23/2019	INV #163709 Due 09/22/2019 Orig. Amount \$550.63	550.63	32,784.41		
08/23/2019	INV #14924523 Due 09/22/2019 Orig. Amount \$12,279.31	12,279.31	45,063.72		
08/23/2019	INV #14924524 Due 09/22/2019 Orig. Amount \$396.00	396.00	45,459.72		
08/30/2019	INV #164033 Due 09/29/2019 Orig. Amount \$1,047.26	1,047.26	46,506.98		
08/30/2019	INV #14956941 Due 09/29/2019 Orig. Amount \$13,978.12	13,978.12	60,485.10		
08/30/2019	INV #14956942 Due 09/29/2019 Orig. Amount \$420.00	420.00	60,905.10		
09/06/2019	INV #15099468 Due 10/06/2019 Orig. Amount \$520.13	520.13	61,425.23		
09/06/2019	INV #15099469 Due 10/06/2019 Orig. Amount \$668.25	668.25	62,093.48		
09/06/2019	INV #15099467 Due 10/06/2019 Orig. Amount \$15,343.98	15,343.98	77,437.46		
09/13/2019	INV #15132437 Due 10/13/2019 Orig. Amount \$451.69	451.69	77,889.15		
09/13/2019	INV #15132436 Due 10/13/2019 Orig. Amount \$11,867.03	11,867.03	89,756.18		
09/20/2019	INV #15177466 Due 10/20/2019 Orig. Amount \$5,626.89	5,626.89	95,383.07		
09/27/2019	INV #164860 Due 10/27/2019 Orig. Amount \$988.13	988.13	96,371.20		
09/27/2019	INV #15203431 Due 10/27/2019 Orig. Amount \$4,407.57	4,407.57	100,778.77		
10/01/2019	INV #31921 Due 10/31/2019 Orig. Amount \$913.59	913.59	101,692.36		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
24,254.90	65,544.97	11,892.49	0.00	0.00	\$101,692.36

# EXHIBIT 13

## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 17th day of January 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

### A N D

Lenox Ridge Nursing Home ("Contractor"), having its principle place of business at 23225 Lorian Road, North Olmstead, Ohio, 44070.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

#### 1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

#### 2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mammogram test and criminal clearances, as required.

#### 3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

#### 4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

#### 5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

#### 6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

#### 7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

#### 8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.



**9. COMPLIANCE WITH APPLICABLE LAW**

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

**10. CONFIDENCE OF INFORMATION**

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

**11. INDEMNIFICATION**

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

**12. PROFESSIONAL LIABILITY INSURANCE**

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

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**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

### 30. CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

### 31. FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

### 32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from January 2019 to January 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

### 33. NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.:**  
6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

### Contractor:

23255 Lorian Road  
North Olmstead, Ohio 44070


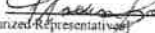
### 34. CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.


### 35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.:**

By:  Title: Account Rep Dated: 1/18/19  
By:  Title: Account Rep Dated: 1/18/19  
(Authorized Representative)


### Contractor:

Entity: LEADS, LLC  
By:  Title: ADMINISTRATOR Dated: 1/18/19  
(Authorized Representative)

[Electronic signature/verification has the same legal significance as writing].

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Dedicated Nursing Associates, Inc. Contract Forms	 <b>DNA</b> Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22 Suite 202 Delmont, PA 15626
DNA Contract Compliance	
Document Title: Joint Commission Compliance Form	Document Number: Effective Date: <u>01/13/2016</u> Revision Date: Approved By: <u>D.R./C.W.</u> Page Number: <u>Page 9 of 9</u>

Dedicated Nursing Associates, Inc. (DNA) is a Joint Commission certified organization; we encourage our clients to:

- Provide an orientation and training program to each health care professional at the time of hire.
- Evaluate the competence of the health care professional at the time of hire and on an annual basis thereafter.
- Agree to provide DNA with certain on-site performance feedback after the employee has completed a Joint Board assessment.
- Agree to report any incident involving a risk to patient safety and quality of care and security incident involving an employee of DNA.
- This will allow us to ensure and deliver services as defined in the Joint Commission Standards for Senior Living.
- DNA acknowledges as a Joint Commission certified organization, subject to its policies and employees that continue about patient care and safety within the client's organization are to be brought to the attention of the client's management personnel. When issues are not addressed, these individuals are encouraged to contact the Joint Commission.
- Staff members that are provided to DNA are not employees that are subcontracted to us through this agency.
- Management at staff will provide to a range of services within their clinical experience.
- We encourage any personnel paid to the relationship with DNA is a direct or indirect.

As client of Dedicated Nursing Associates, Inc. we encourage to report a concern or concern to the Joint Commission within 10 calendar days of the incident giving rise to the complaint. You may contact the Joint Commission by:

Website: <http://www.jointcommission.org/QualityPolicy/Complaint>  
Office or Mail: 1-800-553-4370  
The Joint Commission  
One Pennsylvania Boulevard  
Oakbrook Terrace, IL 60181

  
DNA Representative

1/18/19  
Date

### Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$27.00/Hr	\$30.00/Hr
b. Licensed Practical Nurse	\$40.00/Hr	\$43.00/Hr
c. Registered Nurse	\$50.00/Hr	\$53.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$35.00/Hr	\$38.00/Hr
b. Licensed Practical Nurse	\$48.00/Hr	\$51.00/Hr
c. Registered Nurse	\$58.00/Hr	\$61.00/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

### Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

### Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day



**CONTACT CHECKLIST**

<b>Point of Contact</b>	
<b>Administrator: Name:</b>	<b>DON:</b>
<b>E-mail:</b> ASHAH @ BOULDER HEALTH CARE .COM	<b>Name:</b>
<b>Phone:</b> 614-288-7626	<b>E-mail:</b>
	<b>Phone:</b>
<b>Scheduler/Staffing Coordinator:</b>	<b>Other:</b>
<b>Name:</b> HEATHER BILL	
<b>E-mail:</b> hb11@boulderhealthcare.com	
<b>Phone:</b> 440-806-4040	

**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

**Interest:** Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

<b>Type of Facility:</b> SNF
<b>Size/Number of Beds:</b> 165
<b>Main Need (Discipline):</b> LPN / RN / STNA
<b>Currently Using Agency?</b> NO

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?

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**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> DEBBIE SMITH	<b>Title:</b> BUSINESS OFFICE MANAGER
<b>Phone Number:</b> 440-779-6900	<b>E-mail Address:</b> DSMITH@BOULDERHEALTHCARE.COM

<b>Corporate Group Affiliation:</b> BOULDER HEALTHCARE
<b>Company Billing Name:</b> LENDY BEGGE
<b>Billing Address:</b> 23225 LUKATY ROAD, NORTH OLMSHEAD, OH 44070
<b>Invoicing Preference:</b> ( ) E-mail ( ) Mail
<b>Payment Preference:</b> ( ) ACH ( ) Check ( ) Credit Card
<b>OT Rate:</b> _____ <b>Holiday Rate:</b> _____
<b>MSP/VMS fee (if applicable):</b>
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>

**EXHIBIT 14**

9/16/2019

Contingent Staffing: Invoice

9/16/2019

Contingent Staffing: Invoice

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 150105  
 Date 06/14/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/02/19 Sun	11:00P - 07:30A	Gill, Eutopia (RN)	LTC	S3 Regular Weekend	53.00	8.00	424.00
06/02/19 Sun	03:00P - 11:45P	Grayer, Aliyah (LPN)	LTC	S2 Regular Weekend	43.00	8.25	354.75
06/02/19 Sun	07:00A - 03:30P	Griffin, Tiffany (LPN)	LTC	S1 Regular Weekend	43.00	8.50	365.50
04/04/19 Thu	11:00P - 07:00A	Jackson, DeAndra (STNA)	LTC	S3 Regular	27.00	8.00	216.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>32.75</b>	<b>1,360.25</b>	
					<b>Invoice Total:</b>	<b>32.75</b>	<b>\$1,360.25</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

[https://dms.contingentstaffingmanagement.com/dna/\\_invoice\\_adv.cfm?requestTimeout=1200](https://dms.contingentstaffingmanagement.com/dna/_invoice_adv.cfm?requestTimeout=1200)

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**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 160316  
 Date 06/21/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/15/19 Sat	03:00P - 11:15P	Conner, Ashlee (LPN)	LTC	S2 Regular Weekend	43.00	8.25	354.75
06/09/19 Sun	07:00A - 03:15P	Jackson, Selena (LPN)	LTC	S1 Regular Weekend	43.00	7.75	333.25
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>16.00</b>	<b>688.00</b>	
					<b>Invoice Total:</b>	<b>16.00</b>	<b>\$688.00</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

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**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 150723  
 Date 06/28/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/08/19 Sat	07:00A - 11:00A	Pettis, Tiarah (LPN)	LTC	S1 Regular Weekend	43.00	4.00	172.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>4.00</b>	<b>172.00</b>	
					<b>Invoice Total:</b>	<b>4.00</b>	<b>\$172.00</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

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**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 160913  
 Date 07/05/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/29/19 Sat	07:00P - 11:00P	King, Jamaica (LPN)	LTC	S2 Regular Weekend	43.00	4.00	172.00
<b>Note</b> inconvenience pay per contract							
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>4.00</b>	<b>172.00</b>	
					<b>Invoice Total:</b>	<b>4.00</b>	<b>\$172.00</b>

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 5536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

9/16/2019

Contingent Staffing: Invoice

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 162665  
 Date 08/02/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/23/19 Tue	10:00A - 07:30P	Warner, Lydia (LPN)	LTC	S4 Regular	40.00	9.00	360.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>9.00</b>	<b>360.00</b>	
<b>Invoice Total:</b>					<b>9.00</b>	<b>\$360.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 163035  
 Date 08/09/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/02/19 Fri	07:00A - 07:30P	Warner, Lydia (LPN)	LTC	S4 Regular	40.00	12.00	480.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>12.00</b>	<b>480.00</b>	
<b>Invoice Total:</b>					<b>12.00</b>	<b>\$480.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

[https://cms.contingenttalentmanagement.com/dna/\\_invoice\\_adv.cfm?requestTimeout=1200](https://cms.contingenttalentmanagement.com/dna/_invoice_adv.cfm?requestTimeout=1200)

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9/16/2019

Contingent Staffing: Invoice

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 163369  
 Date 08/16/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/07/19 Wed	03:00P - 07:30P	Philpot, Honey (LPN)	LTC	S2 Regular	40.00	4.50	180.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>4.50</b>	<b>180.00</b>	
<b>Invoice Total:</b>					<b>4.50</b>	<b>\$180.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

9/16/2019

Contingent Staffing: Invoice

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**

Invoice No. 163619  
 Date 08/23/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/17/19 Sat	07:00P - 07:30A	Conner, Ashlee (LPN)	LTC	S5 Regular Weekend	43.00	12.50	537.50
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>12.50</b>	<b>537.50</b>	
<b>Invoice Total:</b>					<b>12.50</b>	<b>\$537.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

[https://cms.contingenttalentmanagement.com/dna/\\_invoice\\_adv.cfm?requestTimeout=1200](https://cms.contingenttalentmanagement.com/dna/_invoice_adv.cfm?requestTimeout=1200)

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[https://cms.contingenttalentmanagement.com/dna/\\_invoice\\_adv.cfm?requestTimeout=1200](https://cms.contingenttalentmanagement.com/dna/_invoice_adv.cfm?requestTimeout=1200)

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Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Lenox Ridge Nursing Home  
 23225 Lorian Road  
 North Olmsted, OH 44070

**INVOICE**  
 Invoice No. 163920  
 Date 08/30/2019  
 Page 1

Term	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/20/19 Tue	07:00P - 07:00A	Conner, Ashlee (LPN)	LTC	S5 Regular	40.00	12.00	480.00
08/24/19 Sat	07:00P - 07:15A	Conner, Ashlee (LPN)	LTC	S5 Regular Weekend	43.00	12.00	516.00
08/20/19 Tue	07:00P - 07:15A	Davis, Bianca (LPN)	LTC	S5 Regular	40.00	12.25	490.00
08/19/19 Mon	07:00P - 03:00A	Grayer, Aliyah (LPN)	LTC	S5 Regular	40.00	7.50	300.00
08/21/19 Wed	07:00A - 07:45P	Milton, Lanetta (LPN)	LTC	S4 Regular	40.00	12.25	490.00
08/20/19 Tue	07:00P - 11:00P	Philpot, Honey (LPN)	LTC	S5 Regular	40.00	4.00	160.00
<b>Lenox Ridge Nursing Home Subtotal:</b>					<b>60.00</b>	<b>2,436.00</b>	
<b>Invoice Total:</b>					<b>60.00</b>	<b>\$2,436.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc.  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
 Suite 201  
 Delmont, PA 15626

**Invoice**

Date	Invoice #
9/1/2019	31396

<b>Bill To</b> Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070
--

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Interest on Past Due Invoices		
1,360.25	Invoice 160105	0.015	20.40
688	Invoice 160316	0.015	10.32
172	Invoice 160723	0.015	2.58
172	Invoice 160913	0.015	2.58
360	Invoice 162665	0.015	5.40
<b>Subtotal:</b>			<b>41.28</b>
<b>Total</b>			<b>\$41.28</b>

[https://dms.contingentstaffingmanagement.com/dna\\_invoice\\_idv.dcn?requestTimeout=1200](https://dms.contingentstaffingmanagement.com/dna_invoice_idv.dcn?requestTimeout=1200)

1/2

Dedicated Nursing Associates, Inc.

**Invoice**

6536 William Penn Hwy Rt 22  
 Suite 201  
 Delmont, PA 15626

Date	Invoice #
10/1/2019	32051

<b>Bill To</b> Lenox Ridge Nursing Home 23225 Lorian Road North Olmsted, OH 44070
--

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1	Interest on Past Due Invoices		
1,360.25	Invoice 160105	0.015	20.40
688	Invoice 160316	0.015	10.32
172	Invoice 160723	0.015	2.58
172	Invoice 160913	0.015	2.58
360	Invoice 162665	0.015	5.40
41.28	Invoice #31396	0.015	0.62
<b>Total</b>			<b>\$41.90</b>

**EXHIBIT 15**

## Statement

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

Date
10/8/2019

To
Lorton Ridge Nursing Home 23225 Lorton Road North Olmsted, OH 44070

		Amount Due	Amount Enc.		
		\$6,468.93			
Date	Transaction	Amount	Balance		
06/14/2019	INV #169105. Due 07/14/2019. Orig. Amount \$1,360.25.	1,360.25	1,360.25		
06/21/2019	INV #160316. Due 07/21/2019. Orig. Amount \$688.00.	688.00	2,048.25		
06/28/2019	INV #160723. Due 07/28/2019. Orig. Amount \$172.00.	172.00	2,220.25		
07/05/2019	INV #160913. Due 08/04/2019. Orig. Amount \$172.00.	172.00	2,392.25		
08/02/2019	INV #162665. Due 09/01/2019. Orig. Amount \$360.00.	360.00	2,752.25		
08/09/2019	INV #163035. Due 09/08/2019. Orig. Amount \$480.00.	480.00	3,232.25		
08/16/2019	INV #163369. Due 09/15/2019. Orig. Amount \$180.00.	180.00	3,412.25		
08/23/2019	INV #163619. Due 09/22/2019. Orig. Amount \$537.50.	537.50	3,949.75		
08/30/2019	INV #163920. Due 09/29/2019. Orig. Amount \$2,436.00.	2,436.00	6,385.75		
09/01/2019	INV #31391. Due 10/01/2019. Orig. Amount \$41.28.	41.28	6,427.03		
10/01/2019	INV #32051. Due 10/31/2019. Orig. Amount \$41.90.	41.90	6,468.93		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
41.90	3,674.78	360.00	2,392.25	0.00	\$6,468.93

EXHIBIT 16

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## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 3<sup>rd</sup> day of January 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

A N D

Maderia Village Nursing and Rehab ("Contractor"), having its principle place of business at 5970 Kenwood Road, Cincinnati, Ohio 45243.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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**9. COMPLIANCE WITH APPLICABLE LAW**

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

**10. CONFIDENCE OF INFORMATION**

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

**11. INDEMNIFICATION**

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

**12. PROFESSIONAL LIABILITY INSURANCE**

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

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**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective of whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

### 30. CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

### 31. FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

### 32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from January 2019 to January 2020 and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

### 33. NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, teletype, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

#### Dedicated Nursing Associates, Inc.

6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

#### Contractor:

5970 Kenwood Road  
Cincinnati, Ohio 45243

### 34. CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

### 35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

#### Dedicated Nursing Associates, Inc.

By: Madison Brown Title: Account Representative Dated: 1/3/2019  
By: Michelle Rains Title: Account Representative Dated: 1/3/2019  
[Authorized Representatives]

#### Contractor:

Entity: \_\_\_\_\_  
By: James Lee - LNU Title: Administrative Dated: 1/3/19  
[Authorized Representative]  
Per J. Curick - Vag Operations  
[Electronic signature verification has the same legal significance as writing].

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### Exhibit A

Dedicated Nursing Associates, Inc. Contract Forms	
DNA Contract Compliance	
Document Title: Joint Commission Compliance Form	Document Number: Effective Date: 01/13/2016 Revision Date: Approved By: D.R.J.C.W. Page Number: Page 3 of 8

Dedicated Nursing Associates, Inc. (DNA) is a Joint Commission certified organization. We encourage our clients to:

- Provide an orientation and training program to each health care professional at the time of orientation and periodically thereafter.
- Agree to provide DNA with verbal or written performance feedback after the one-hour has completed a client based visitation.
- Agree to report any incident involving a risk to patient safety and quality of care and security incident involving an employee of DNA.
- DNA makes every effort to ensure safety incidents are defined in the Joint Commission Standards for Sentinel Events.
- DNA acknowledges, as a Joint Commission certified organization, owes to the public and employees that assistance about patient care and safety within the client's organization are to be brought to the attention of the client's management personnel. When to use are not addressed, these individuals are encouraged to contact the Joint Commission.
- If members that are provided by DNA are our employees that are contracted to work through the agency.
- Reassignment of staff (flights) only to areas of practice within their stated competency.
- We discourage any personal gain due to the relationship with DNA (e.g. conflict of interest).

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 14 calendar days of its receipt going into the complaint. You may contact the Joint Commission by:

Online: <http://www.jointcommission.org/ContactUs/ContactUs/>  
Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Northbrook, Illinois 60062

James Lee - LNU 1/3/19  
Date Signed: \_\_\_\_\_  
Date: 1/3/2019  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$25.00/Hr	\$26.00/Hr
b. Licensed Practical Nurse	\$38.00/Hr	\$39.00/Hr
c. Registered Nurse	\$45.00/Hr	\$46.00/Hr
Contract Assignment Rates		
a. State Tested Nursing Assistant	\$33.00/Hr	\$34.00/Hr
b. Licensed Practical Nurse	\$46.00/Hr	\$47.00/Hr
c. Registered Nurse	\$53.00/Hr	\$54.00/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

### Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

### Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

**CONTACT CHECKLIST**

<b>Point of Contact</b>	
<b>Administrator: Name:</b> <i>Tracy Brown</i> <b>E-mail:</b> <i>tracybrown@boulderhealthcare.com</i> <b>Phone:</b> <i>573-661-4111</i>	<b>DON: Susan Oliverio</b> <b>Name:</b> <i>Susan Oliverio</i> <b>E-mail:</b> <i>soliverio@boulderhealthcare.com</i> <b>Phone:</b> <i>573-661-4111</i>
<b>Scheduler/Staffing Coordinator:</b> <b>Name:</b> <i>Pam Jones</i> <b>E-mail:</b> <i>p.jones@boulderhealthcare.com</i> <b>Phone:</b>	<b>Other:</b>

<b>Type of Facility:</b>	<i>Nursing Rehab / SNF</i>
<b>Size/Number of Beds:</b>	<i>131</i>
<b>Main Need (Discipline):</b>	<i>Nurses, STNA's</i>
<b>Currently Using Agency?</b>	<i>Yes</i>

1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?

2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?

3 When (ex: length of assignment, specific schedule/days, start date etc.) ?

4 Where (ex: if multiple locations/wings, where is the help needed) ?

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**

Invoice No. 160384  
Date 06/21/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/11/19 Tue	06:30P - 07:00A	Anderson, Jordan (LPN)	LTC	S5 Regular	38.00	12.00	456.00
06/12/19 Wed	10:30P - 06:30A	Carson, Arielle (STNA)	LTC	S3 Regular	25.00	8.00	200.00
06/09/19 Sun	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular Weekend	26.00	7.50	195.00
06/15/19 Sat	06:30A - 07:00P	Rudolph, Tabitha (LPN)	LTC	S4 Regular Weekend	39.00	12.00	468.00
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>39.50</b>	<b>1,319.00</b>	
<b>Invoice Total:</b>					<b>39.50</b>	<b>1,319.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

**EXHIBIT 17****DNA**

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**

Invoice No. 160619  
Date 06/28/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/21/19 Fri	06:30P - 06:45A	Anderson, Jordan (LPN)	LTC	S5 Regular	38.00	11.75	446.50
06/19/19 Wed	10:30P - 06:30A	Johnson, Ciera (STNA)	LTC	S3 Regular	25.00	8.00	200.00
06/16/19 Sun	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular Weekend	26.00	7.50	195.00
06/17/19 Mon	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
06/18/19 Tue	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
06/19/19 Wed	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>49.75</b>	<b>1,404.00</b>	
<b>Invoice Total:</b>					<b>49.75</b>	<b>1,404.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**

Invoice No. 160990  
Date 07/09/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/26/19 Wed	02:30P - 10:30P	Highlander, Megan (STNA)	LTC	S2 Regular	25.00	7.50	187.50
06/24/19 Mon	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
06/25/19 Tue	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
06/26/19 Wed	06:30A - 02:30P	Masters, Rondia (STNA)	LTC	S1 Regular	25.00	7.50	187.50
06/25/19 Tue	10:30P - 06:30A	Walker, Tamara (STNA)	LTC	S3 Regular	25.00	7.50	187.50
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>37.50</b>	<b>937.50</b>	
<b>Invoice Total:</b>					<b>37.50</b>	<b>937.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**  
Invoice No. 181330  
Date 07/12/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/05/19 Fri	02:30P - 10:30P	Baker, Tatyana (STNA)	LTC	S2 Regular	25.00	8.00	200.00
07/03/19 Wed	10:30P - 06:30A	Carson, Arielle (STNA)	LTC	S3 Regular	25.00	1.50	37.50
				S3 Regular Holiday	37.50	6.50	243.75
07/03/19 Wed	06:30A - 02:30P	Clay, Santana (STNA)	LTC	S1 Regular	25.00	7.50	187.50
07/06/19 Sat	02:30P - 10:30P	Highlander, Megan (STNA)	LTC	S2 Regular Weekend	26.00	7.50	195.00
07/03/19 Wed	10:30P - 06:30A	Walker, Tamara (STNA)	LTC	S3 Regular	25.00	1.50	37.50
				S3 Regular Holiday	37.50	6.00	225.00
07/05/19 Fri	06:30P - 06:45A	Wilson, Julie (LPN)	LTC	S5 Regular	38.00	11.75	446.50
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>\$0.25</b>	<b>1,572.75</b>	
<b>Invoice Total:</b>					<b>\$0.25</b>	<b>\$1,572.75</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**  
Invoice No. 161942  
Date 07/13/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/11/19 Thu	10:30P - 06:30A	Baker, Tatyana (STNA)	LTC	S3 Regular	25.00	8.00	200.00
07/11/19 Thu	10:30P - 06:30A	Fant, Antonio (STNA)	LTC	S3 Regular	25.00	7.50	187.50
07/12/19 Fri	10:30P - 06:30A	Fant, Antonio (STNA)	LTC	S3 Regular	25.00	7.50	187.50
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>23.00</b>	<b>\$75.00</b>	
<b>Invoice Total:</b>					<b>23.00</b>	<b>\$975.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

**INVOICE**  
Invoice No. 182355  
Date 07/26/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/16/19 Tue	06:30A - 02:30P	Masters, Ronda (STNA)	LTC	S1 Regular	25.00	7.50	187.50
<b>Madeira Village Nursing and Rehab Subtotal:</b>					<b>7.50</b>	<b>187.50</b>	
<b>Invoice Total:</b>					<b>7.50</b>	<b>\$187.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

**Invoice**

Date	Invoice #
9/1/2019	30681

**Bill To**

Madeira Village Nursing and Rehab  
5970 Kenwood Road  
Cincinnati, OH 45243

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1.319	Invoice #160284	0.015	19.79
1.404	Invoice #160639	0.015	21.06
937.5	Invoice #160990	0.015	14.06
1,572.75	Invoice #161330	0.015	23.59
575	Invoice #161942	0.015	8.63
187.5	Invoice #162355	0.015	2.81
<b>Total</b>			<b>\$89.94</b>

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626**Invoice**

Date	Invoice #
10/1/2019	32071

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626**Invoice**

Date	Invoice #
10/1/2019	32071

Bill To
Madera Village Nursing and Rehab 5970 Kenwood Road Cincinnati, OH 45243

Bill To
Madera Village Nursing and Rehab 5970 Kenwood Road Cincinnati, OH 45243

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1,319	Invoice #160284	0.015	19.79
1,404	Invoice #160639	0.015	21.06
937.5	Invoice #160990	0.015	14.06
1,572.75	Invoice #161330	0.015	23.59
575	Invoice #161942	0.015	8.63
187.5	Invoice #162355	0.015	2.81
89.94	Inv. 30681	0.015	1.35
<b>Total</b>			<b>\$91.29</b>

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
1,319	Invoice #160284	0.015	19.79
1,404	Invoice #160639	0.015	21.06
937.5	Invoice #160990	0.015	14.06
1,572.75	Invoice #161330	0.015	23.59
575	Invoice #161942	0.015	8.63
187.5	Invoice #162355	0.015	2.81
89.94	Inv. 30681	0.015	1.35
<b>Total</b>			<b>\$91.29</b>

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626**Statement**

Date
10/6/2019

To:
Madera Village Nursing and Rehab 5970 Kenwood Road Cincinnati, OH 45243

**EXHIBIT 18**

		Amount Due	Amount Enc.		
		\$6,176.98			
Date	Transaction	Amount	Balance		
06/21/2019	INV #160284: Due 07/21/2019: Orig. Amount \$1,319.00	1,319.00	1,319.00		
06/28/2019	INV #160639: Due 07/28/2019: Orig. Amount \$1,404.00	1,404.00	2,723.00		
07/05/2019	INV #160990: Due 08/04/2019: Orig. Amount \$937.50	937.50	3,660.50		
07/12/2019	INV #161330: Due 08/11/2019: Orig. Amount \$1,572.75	1,572.75	5,233.25		
07/19/2019	INV #161942: Due 08/18/2019: Orig. Amount \$575.00	575.00	5,808.25		
07/26/2019	INV #162355: Due 08/25/2019: Orig. Amount \$187.50	187.50	5,995.75		
09/01/2019	INV #30681: Due 10/01/2019: Orig. Amount \$89.94	89.94	6,085.69		
10/01/2019	INV #32071: Due 10/31/2019: Orig. Amount \$91.29	91.29	6,176.98		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
91.29	89.94	2,335.25	3,660.50	0.00	\$6,176.98

## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 14<sup>th</sup> day of January, 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

## A N D

Mayfield Heights Healthcare ("Contractor"), having its principle place of business at 6757 Mayfield Road, Mayfield Heights, Ohio 44124.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

## EXHIBIT 19

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5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

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9. COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

10. CONFIDENCE OF INFORMATION

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.



**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective of whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT, ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

**30. CHANGES TO AGREEMENT**

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

**31. FINAL AGREEMENT: SURVIVABILITY OF TERMS**

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

**32. TERM OF AGREEMENT AND TERMINATION**

The term of this Agreement shall be from January 2019 to January 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**

6757 Mayfield Road  
Mayfield Heights, Ohio 44124

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.:**

By: [Signature] Title: Account Representative Dated: 1/14/2019  
By: [Signature] Title: Account Representative Dated: 1/14/2019  
[Authorized Representatives]

**Contractor:**

Entity: Mayfield Hts. Healthcare  
By: [Signature] Title: LHA Dated: 1/14/2019  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing].

8

Dedicated Nursing Associates, Inc. Contract Forms		<b>DNA</b> <small>Dedicated Nursing Associates, Inc.</small>
DNA Contract Compliance		
Document Title: Joint Commission Compliance Form		Document Number: Effective Date: 01/13/2018 Revision Date: Approved By: D.R./C.W. Page Number: Page 9 of 9

Dedicated Nursing Associates, Inc. (DNA), as a Joint Commission certified organization, we encourage our clients to:

- Provide an orientation and training program to each health care professional at the time of hire.
- Evaluate the competency of the health care professional at the time of orientation and periodically thereafter.
- Agree to provide DNA with verbal or written performance feedback after the employee has completed a client based orientation.
- Agree to report any incident involving a risk to patient safety and quality of care and security incident involving an employee of DNA. This includes errors, injuries and safety hazards as defined in the Joint Commission Standards for Sentinel Events.
- DNA acknowledges as a Joint Commission certified organization, notice to its public and employees that concerns about patient care and safety within the client's organization are to be brought to the attention of the client's management personnel. When issues are not addressed, these individuals are encouraged to contact the Joint Commission.
- Staff members that are provided by DNA are our employees that are contracted to work through the agency.
- Management of staff (loading) only in areas of practice within their clinical competency.
- We discourage any personal gain due to the relationship with DNA (i.e. a conflict of interest).

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 14 calendar days of the event(s) giving rise to the complaint. You may contact the Joint Commission by:

Online: <http://www.jointcommission.org/FormsPublic/Complaint/>  
Mail: Office of Quality Monitoring  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

Declassified by: [Signature] 1/14/2019  
Date: 1/14/2019  
Declassified by: [Signature] 1/14/2019  
Date: 1/14/2019

**Exhibit A**

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$27.00/Hr	\$30.00/Hr
b. Licensed Practical Nurse	\$40.00/Hr	\$43.00/Hr
c. Registered Nurse	\$50.00/Hr	\$53.00/Hr
<b>Contract Assignment Rates</b>		
a. State Tested Nursing Assistant	\$35.00/Hr	\$38.00/Hr
b. Licensed Practical Nurse	\$48.00/Hr	\$51.00/Hr
c. Registered Nurse	\$58.00/Hr	\$61.00/Hr

\* **Travel/Contract Assignments** are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* **Specialty** is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

**Weekend Bill Rates**

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

**Holiday Policy**

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- **Per Diem:** Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- **Travel/Contract Assignments** are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

**Interest:** Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

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## CONTACT CHECKLIST

<b>Point of Contact</b>	
<b>Administrator: Name:</b> Tiara Bivins	<b>DON:</b>
<b>E-mail:</b> tbivins@boulderhealthcare.com	<b>Name:</b> Debbie Pratt
<b>Phone:</b> 440-473-0090	<b>E-mail:</b> dpratt@boulderhealthcare.com
	<b>Phone:</b> 440-473-0090
<b>Scheduler/Staffing Coordinator:</b>	<b>Other:</b>
<b>Name:</b> Quiana Tolliver	n/a
<b>E-mail:</b> qtolliver@boulderhealthcare.com	
<b>Phone:</b> 216-609-9887	

<b>Type of Facility:</b> SNF/LTC
<b>Size/Number of Beds:</b> 150
<b>Main Need (Discipline):</b> STNAs
<b>Currently Using Agency?</b> yes

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?

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## Billing Information

<b>Billing/invoice</b>	
<b>Contact Name:</b> Jenny Wilson	<b>Title:</b> Business Office Manager
<b>Phone Number:</b> 440-473-0090	<b>E-mail Address:</b> jwilson@boulderhealthcare.com

<b>Corporate Group Affiliation:</b> Boulder Healthcare
<b>Company Billing Name:</b> Mayfield Hts. Healthcare
<b>Billing Address:</b> 6757 Mayfield Rd. Mayfield Hts., OH 44124
<b>Invoicing Preference:</b> (x) E-mail ( ) Mail
<b>Payment Preference:</b> ( ) ACH (x) Check ( ) Credit Card
<b>OT Rate:</b> time and 1/2 <b>Holiday Rate:</b> time and 1/2
<b>MSP/VMS fee (if applicable):</b> na
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b> na

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DNA

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 345-6313

Boulder Healthcare - Mayfield Heights Healthcare  
6757 Mayfield Road  
Mayfield Heights, OH 44124

## INVOICE

Invoice No: 161390  
Date: 07/12/2019  
Page: 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
04/22/19 Mon	03:00P - 11:30P	Tan, Kean (LPN)	LTC	S2 Regular	40.00	8.00	320.00
<b>Boulder Healthcare - Mayfield Heights Healthcare Subtotal:</b>					<b>8.00</b>	<b>320.00</b>	
<b>Invoice Total:</b>					<b>8.00</b>	<b>\$320.00</b>	

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing US the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

EXHIBIT 20



Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Boulder Healthcare - Mayfield Heights Healthcare  
6757 Mayfield Road  
Mayfield Heights, OH 44124

# INVOICE

Invoice No. 161390  
Date 07/12/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
04/22/19 Mon	03:00P - 11:30P	Ten, Kean (LPN)	LTC	S2 Regular	40.00	8.00	320.00
<b>Boulder Healthcare - Mayfield Heights Healthcare Subtotal:</b>						<b>8.00</b>	<b>320.00</b>
<b>Invoice Total:</b>						<b>8.00</b>	<b>320.00</b>

## Please Send Payments to:

Dedicated Nursing Associates Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

## Invoice

Date	Invoice #
10/1/2019	32006

**Bill To**  
Mayfield Heights Healthcare  
6757 Mayfield Road  
Mayfield Heights, OH 44124

P.O. No.		Terms	Project
		Net 30	
Quantity	Description	Rate	Amount
1	Staffing for the week of 6/30/19-7/6/19	0.015	0.02
<b>Total</b>			\$0.02

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

## Statement

Date
10/8/2019

**To**  
Mayfield Heights Healthcare  
6757 Mayfield Road  
Mayfield Heights, OH 44124

		Amount Due	Amount Enc.
		\$320.02	
Date	Transaction	Amount	Balance
07/12/2019	INV #161390 Due 08/11/2019 Orig. Amount \$320.00	320.00	320.00
10/01/2019	INV #32081 Due 10/31/2019 Orig. Amount \$0.02	0.02	320.02

EXHIBIT 21

## EXHIBIT 22

## MEDICAL STAFFING AGREEMENT

THIS MEDICAL STAFFING AGREEMENT ("Agreement"), made this 1<sup>st</sup> day of March 2019, between DEDICATED NURSING ASSOCIATES, INC. ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

## A N D

Waterville Healthcare ("Contractor"), having its principle place of business at 8885 Browning Drive, Waterville, Ohio 43566.

WHEREAS, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

WHEREAS, Contractor is in need of personnel with the skill and experience provided by DNA.

NOW, THEREFORE, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

1. EMPLOYEES TO BE PROVIDED

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

2. QUALIFICATIONS OF EMPLOYEES

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

3. DNA AS EMPLOYER

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

4. EXPENSES

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

5. ADMINISTRATIVE LINK

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

6. COMPENSATION (TIME RECORDS)

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

7. SCHEDULING AND SUBSTITUTE STAFF

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

9. COMPLIANCE WITH APPLICABLE LAW

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

10. CONFIDENCE OF INFORMATION

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

11. INDEMNIFICATION

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

12. PROFESSIONAL LIABILITY INSURANCE

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own acts or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.



**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective of whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

**30. CHANGES TO AGREEMENT**

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

**31. FINAL AGREEMENT: SURVIVABILITY OF TERMS**

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

**32. TERM OF AGREEMENT AND TERMINATION**

The term of this Agreement shall be from March 2019 to March 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.



**33. NOTICE**

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, telecopy, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

**Contractor:**  
8885 Browning Drive  
Waterville, Ohio 43566

**34. CHOICE OF LAW/VENUE**

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, in the extent federal law or federal diversity jurisdiction would apply.

**35. EXECUTION**

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

**Dedicated Nursing Associates, Inc.:**

By: \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_  
[Authorized Representatives]

**Contractor:**

Entity: Waterville HealthCare

By: [Signature] Title: Administrator Dated: 3/5/19  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing].

8

<b>Dedicated Nursing Associates, Inc. Contract Forms</b>		<b>DNA</b> <small>Dedicated Nursing Associates, Inc.</small>
<b>DNA Contract Compliance</b>		
<b>Document Title:</b> Joint Commission Compliance Form	<b>Document Number:</b> <b>Effective Date:</b> 01/13/2016 <b>Revision Date:</b> <b>Approved By:</b> D.R./C.W. <b>Page Number:</b> Page 9 of 9	

Dedicated Nursing Associates, Inc. (DNA), as a Joint Commission certified organization, we encourage our clients to:

- Provide an orientation and training program to newly hired staff professionals at the time of hire.
- Evaluate the competency of the health care professional at the time of orientation and annually thereafter.
- Agree to provide DNA with incident or written performance feedback when the employee has completed a client (ward) orientation.
- Agree to report any incident involving a risk to patient safety and quality of care, and notify the client (ward) orientation of DNA.
- For multiple agency nurses and safety hazards as defined in the Joint Commission Standards for the client (ward).
- DNA will maintain, as a Joint Commission certified organization, notice to its public and employees that no one shall accept any work order within the client's organization to be brought to the attention of the client (ward) orientation personnel. When there are any additional issues individuals are encouraged to contact the Joint Commission.
- Staff members that are provided by DNA are our employees that are expected to work through the agency.
- Assignment to staff (Nurses) only to ensure of services within their clinical specialty.
- No assignment or transfer of staff to the relationship with DNA has a conflict of interest.

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 60 calendar days of the event(s) giving rise to the complaint. You may contact the Joint Commission by:

Office: 1-800-550-2235 (Toll-Free) or 1-800-550-2235 (Toll-Free)

Web: Office of Quality Management  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181

[Signature]  
Date: \_\_\_\_\_

Signature of Contractor Representative

Exhibit A

9

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.00/Hr	\$32.00/Hr
b. Licensed Practical Nurse	\$42.00/Hr	\$45.00/Hr
c. Registered Nurse	\$52.00/Hr	\$55.00/Hr

**Contract Assignment Rates**

a. State Tested Nursing Assistant	\$36.00/Hr	\$39.00/Hr
b. Licensed Practical Nurse	\$49.00/Hr	\$52.00/Hr
c. Registered Nurse	\$59.00/Hr	\$62.00/Hr

\* Travel/Contract Assignments are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel.  
Any new service not listed will be added by an addendum attachment.

\*\* Specialty is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

**Weekend Bill Rates**

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

**Holiday Policy**

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

**Training/Orientation**

10

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

Interest: Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

**CONTACT CHECKLIST**

11

<b>Point of Contact</b>	
<b>Administrator: Name:</b> Larry White	<b>DON:</b> Name: Diana Nelson
<b>E-mail:</b> lw@boulderhealthcare.com	<b>E-mail:</b> dnelson@boulderhealthcare.com
<b>Phone:</b> 419-878-8523	<b>Phone:</b> 419-878-8523
<b>Scheduler/Staffing Coordinator:</b>	
Name: Br. Mary Boase	
<b>E-mail:</b> mboase@boulderhealthcare.com	
<b>Phone:</b> 419-878-8523	
<b>Other:</b>	

**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> Larry White	<b>Title:</b> Administrator
<b>Phone Number:</b> 419-878-8523	<b>E-mail Address:</b> lw@boulderhealthcare.com
<b>Corporate Group Affiliation:</b> Boulder Healthcare	
<b>Company Billing Name:</b> Boulder Healthcare	
<b>Billing Address:</b> 544 Enterprise Dr, Lewis Center, OH 43085	
<b>Invoicing Preference:</b> ( ) E-mail (X) Mail	
<b>Payment Preference:</b> ( ) ACH (X) Check ( ) Credit Card	
<b>OT Rate:</b>	
<b>Holiday Rate:</b>	
<b>MSP/VMS fee (if applicable):</b>	
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>	

<b>Type of Facility:</b> Long Term Care/Rehab
<b>Size/Number of Beds:</b> 126
<b>Main Need (Discipline):</b> RN, LPN, STNA
<b>Currently Using Agency?</b> Yes

- 1 Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?
- 2 What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?
- 3 When (ex: length of assignment, specific schedule/days, start date etc.) ?
- 4 Where (ex: if multiple locations/wings, where is the help needed) ?

12

13

**DNA**

**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Dermont, PA 15626  
(855) 349-6013

Waterville Healthcare  
8885 Breunig Drive  
Waterville, OH 43085

**INVOICE**  
Invoice No. 159973  
Date 08/14/2019  
Page 1

Term	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/02/19 Sun	06:00A - 02:45P	Russell, Antoinette (Toni) (STNA)	LTC	S4 Regular Weekend	32.00	8.75	280.00
06/08/19 Sat	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
05/30/19 Thu	02:00P - 10:00P	Sowulewski, Meg (STNA)	LTC	S2 Regular	29.00	7.50	217.50
06/06/19 Thu	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	12.00	348.00
06/07/19 Fri	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	12.00	348.00
06/08/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular Weekend	32.00	12.00	384.00
<b>Waterville Healthcare Subtotal:</b>					<b>60.25</b>	<b>1,833.50</b>	
					<b>Invoice Total:</b>	<b>60.25</b>	<b>\$1,833.50</b>

**Please Send Payments to:**  
Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Dermont, PA 15626  
Thank You For Allowing Us the Privilege of Serving You!  
All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**EXHIBIT 23**

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Waterville Healthcare  
 8885 Browning Drive  
 Waterville, OH 43566

**INVOICE**

Invoice No. 160242  
 Date 06/21/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/11/19 Tue	06:00P - 06:30A	Rowe, Eloise (STNA)	LTC S5	Regular	29.00	12.00	348.00
06/10/19 Mon	02:00P - 10:00P	Sowulewski, Meg (STNA)	LTC S2	Regular	29.00	8.00	232.00
06/10/19 Mon	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S4	Regular	29.00	12.00	348.00
06/15/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular Weekend	32.00	12.00	384.00
<b>Waterville Healthcare Subtotal:</b>					<b>44.00</b>	<b>1,312.00</b>	
<b>Invoice Total:</b>					<b>44.00</b>	<b>\$1,312.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Waterville Healthcare  
 8885 Browning Drive  
 Waterville, OH 43566

**INVOICE**

Invoice No. 160598  
 Date 06/28/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/16/19 Sun	08:00A - 04:00P	Sowulewski, Meg (STNA)	LTC S1	Regular Weekend	32.00	7.50	240.00
06/17/19 Mon	02:30P - 10:00P	Sowulewski, Meg (STNA)	LTC S2	Regular	29.00	7.50	217.50
06/18/19 Tue	06:00P - 06:30A	Steible, Sarah (STNA)	LTC S3	Regular	29.00	12.50	362.50
06/19/19 Wed	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S3	Regular	29.00	10.50	304.50
				S3 Overtime	43.50	1.50	65.25
06/20/19 Thu	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Overtime	43.50	12.00	522.00
06/22/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S3	Overtime Weekend	48.00	12.00	576.00
<b>Waterville Healthcare Subtotal:</b>					<b>63.50</b>	<b>2,287.75</b>	
<b>Invoice Total:</b>					<b>63.50</b>	<b>\$2,287.75</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Waterville Healthcare  
 8885 Browning Drive  
 Waterville, OH 43566

**INVOICE**

Invoice No. 160952  
 Date 07/05/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/23/19 Sun	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular Weekend	32.00	12.00	384.00
06/24/19 Mon	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S3	Regular	29.00	12.00	348.00
06/29/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular Weekend	32.00	12.00	384.00
<b>Waterville Healthcare Subtotal:</b>					<b>36.00</b>	<b>1,116.00</b>	
<b>Invoice Total:</b>					<b>36.00</b>	<b>\$1,116.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626  
 (855) 349-6013

Waterville Healthcare  
 8885 Browning Drive  
 Waterville, OH 43566

**INVOICE**

Invoice No. 161282  
 Date 07/12/2019  
 Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
06/30/19 Sun	06:00P - 06:00A	Goode, Antoinette (STNA)	LTC S5	Regular Weekend	32.00	11.50	368.00
07/01/19 Mon	02:00P - 02:00A	Sowulewski, Meg (STNA)	LTC S5	Regular	29.00	12.00	348.00
07/06/19 Sat	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC S5	Regular Weekend	32.00	8.00	256.00
				S5 Overtime Weekend	48.00	3.50	168.00
06/30/19 Sun	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular Weekend	32.00	12.00	384.00
07/01/19 Mon	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular	29.00	12.00	348.00
07/03/19 Wed	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular	29.00	6.00	174.00
				S5 Regular Holiday	43.50	6.00	261.00
07/04/19 Thu	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Regular	29.00	4.00	116.00
				S5 Overtime	43.50	2.00	87.00
				S5 Overtime Holiday	65.25	6.00	391.50
07/05/19 Fri	06:00P - 06:00A	Steible, Sarah (STNA)	LTC S5	Overtime	43.50	12.00	522.00
<b>Waterville Healthcare Subtotal:</b>					<b>95.00</b>	<b>3,423.50</b>	
<b>Invoice Total:</b>					<b>95.00</b>	<b>\$3,423.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
 6536 William Penn Hwy Rt 22, Suite 201  
 Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
4585 Browning Drive  
Waterville, OH 43566

**INVOICE**

Invoice No. 161933  
Date 07/19/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/08/19 Mon	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/11/19 Thu	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/13/19 Sat	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	11.50	368.00
07/11/19 Thu	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	3.75	108.75
				S5 Regular	29.00	8.25	239.25
07/12/19 Fri	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	3.75	108.75
				S5 Overtime	43.50	8.25	358.88
<b>Waterville Healthcare Subtotal:</b>					<b>58.50</b>	<b>1,850.63</b>	
<b>Invoice Total:</b>					<b>58.50</b>	<b>\$1,850.63</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
4585 Browning Drive  
Waterville, OH 43566

**INVOICE**

Invoice No. 162113  
Date 08/02/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/23/19 Tue	10:00P - 06:00A	Goode, Antoinette (STNA)	LTC	S3 Regular	29.00	8.00	232.00
07/21/19 Sun	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	11.50	368.00
07/22/19 Mon	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/26/19 Fri	06:00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.75	340.75
07/27/19 Sat	07:15P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	5.25	168.00
				S5 Overtime Weekend	48.00	5.25	252.00
07/23/19 Tue	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	12.00	348.00
07/25/19 Thu	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	13.00	377.00
				S3 Overtime	43.50	3.00	130.50
07/26/19 Fri	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Overtime	43.50	16.00	696.00
07/27/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Overtime Weekend	48.00	12.00	576.00
07/21/19 Sun	06:00P - 06:30A	Valentine, Camilla (STNA)	LTC	S5 Regular Weekend	32.00	12.00	384.00
07/23/19 Tue	06:15P - 05:00A	Valentine, Camilla (STNA)	LTC	S3 Regular	29.00	10.75	311.75
<b>Waterville Healthcare Subtotal:</b>					<b>132.00</b>	<b>4,517.50</b>	
<b>Invoice Total:</b>					<b>132.00</b>	<b>\$4,517.50</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
4585 Browning Drive  
Waterville, OH 43566

**INVOICE**

Invoice No. 162143  
Date 07/26/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/16/19 Tue	06:00P - 12:45A	Goode, Antoinette (STNA)	LTC	S5 Regular	29.00	6.75	195.75
07/17/19 Wed	06:00P - 06:00A	Goode, Antoinette (STNA)	LTC	S5 Regular	29.00	12.00	348.00
07/18/19 Thu	06:00P - 06:00A	Goode, Antoinette (STNA)	LTC	S5 Regular	29.00	12.00	348.00
07/19/19 Fri	06:00P - 06:30A	Rowe, Eloise (STNA)	LTC	S3 Regular	29.00	4.00	116.00
				S3 Overtime	43.50	8.00	348.00
07/14/19 Sun	06:00A - 02:30P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.50	272.00
07/18/19 Thu	06:00A - 02:30P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	8.50	246.50
07/14/19 Sun	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S4 Regular Weekend	32.00	12.00	384.00
07/15/19 Mon	06:00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
07/17/19 Wed	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/20/19 Sat	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	4.25	136.00
				S5 Overtime Weekend	48.00	7.75	372.00
07/14/19 Sun	06:30P - 06:00A	Valentine, Camilla (STNA)	LTC	S5 Regular Weekend	32.00	11.50	368.00
07/16/19 Tue	06:30P - 06:30A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/19/19 Fri	07:00P - 06:30A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	11.50	333.50
07/14/19 Sun	06:00A - 06:00P	Westhoven, Salena (STNA)	LTC	S4 Regular Weekend	32.00	12.00	384.00
07/18/19 Thu	06:00A - 06:15P	Westhoven, Salena (STNA)	LTC	S4 Regular	29.00	12.25	355.25
<b>Waterville Healthcare Subtotal:</b>					<b>166.25</b>	<b>5,229.25</b>	
<b>Invoice Total:</b>					<b>166.25</b>	<b>\$5,229.25</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

**DNA**

Dedicated Nursing Associates, Inc.

**Dedicated Nursing Associates, Inc**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
4585 Browning Drive  
Waterville, OH 43566

**INVOICE**

Invoice No. 162140  
Date 08/09/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/02/19 Fri	06:30P - 11:30A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	6.00	252.00
				S5 Overtime	63.00	10.50	661.50
08/03/19 Sat	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Overtime Weekend	67.50	12.00	810.00
07/30/19 Tue	07:00P - 01:30A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	6.00	252.00
07/31/19 Wed	06:30P - 11:30P	Rushing, Ashley (LPN)	LTC	S2 Regular	42.00	5.00	210.00
08/02/19 Fri	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/03/19 Sat	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular Weekend	45.00	12.00	540.00
07/28/19 Sun	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
07/29/19 Mon	06:00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	10.25	328.00
08/02/19 Fri	06:00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
07/28/19 Sun	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	12.25	355.25
07/29/19 Mon	02:00P - 06:30A	Steible, Sarah (STNA)	LTC	S3 Regular Weekend	32.00	16.00	512.00
08/01/19 Thu	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S2 Regular	29.00	16.00	464.00
				S3 Regular	29.00	8.00	232.00
				S3 Overtime	43.50	8.00	348.00
08/02/19 Fri	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Overtime	43.50	16.00	696.00
08/03/19 Sat	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Overtime Weekend	48.00	12.00	576.00
07/27/19 Sat	07:00P - 06:15A	Valentine, Camilla (STNA)	LTC	S3 Regular Weekend	32.00	11.25	360.00
07/31/19 Wed	07:15P - 06:15A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	11.00	319.00
<b>Waterville Healthcare Subtotal:</b>					<b>204.50</b>	<b>8,031.00</b>	
<b>Invoice Total:</b>					<b>204.50</b>	<b>\$8,031.00</b>	

**Please Send Payments to:**

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
8855 Browning Drive  
Waterville, OH 43566

# INVOICE

Invoice No. 163278  
Date 08/16/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/06/19 Tue	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/07/19 Wed	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/08/19 Thu	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/09/19 Fri	06:00P - 02:00A	Johns, Tiffany (STNA)	LTC	S5 Regular	29.00	8.00	232.00
08/09/19 Tue	06:00A - 06:15P	Phelps, Ashley (STNA)	LTC	S1 Regular	29.00	11.75	340.75
08/10/19 Sat	06:00P - 07:00A	Rowe, Eloise (STNA)	LTC	S5 Regular Weekend	32.00	8.00	256.00
08/07/19 Wed	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/08/19 Thu	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/09/19 Fri	06:00P - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	8.00	232.00
08/10/19 Sat	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
08/04/19 Sun	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular Weekend	32.00	16.00	512.00
08/05/19 Mon	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S3 Regular	29.00	16.00	464.00
08/05/19 Tue	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	8.00	232.00
08/07/19 Wed	06:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Overtime	43.50	4.00	174.00
08/09/19 Fri	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Overtime	43.50	12.00	522.00
08/10/19 Sat	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Overtime	43.50	16.00	696.00
08/05/19 Tue	07:00P - 06:00A	Valentine, Camilla (STNA)	LTC	S5 Overtime Weekend	48.00	16.00	768.00
08/09/19 Fri	06:00P - 06:00A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	11.00	319.00
08/10/19 Sat	06:00P - 06:00A	Valentine, Camilla (STNA)	LTC	S5 Regular	29.00	12.00	348.00
08/10/19 Sat	07:45P - 06:30A	Valentine, Camilla (STNA)	LTC	S5 Regular Weekend	32.00	10.75	344.00

**Waterville Healthcare Subtotal: 230.00 8,359.75**

Invoice Total: 230.00 8,359.75

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
8855 Browning Drive  
Waterville, OH 43566

# INVOICE

Invoice No. 153656  
Date 08/23/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/12/19 Mon	09:00P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	9.50	399.00
08/13/19 Tue	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/14/19 Wed	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/15/19 Fri	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	6.50	273.00
08/16/19 Fri	07:15P - 06:00A	Johns, Tiffany (STNA)	LTC	S5 Overtime	63.00	5.50	346.50
08/12/19 Mon	06:00A - 06:00P	Phelps, Ashley (STNA)	LTC	S1 Regular	29.00	10.75	311.75
08/11/19 Sun	07:00P - 07:00A	Rowe, Eloise (STNA)	LTC	S5 Regular Weekend	32.00	11.50	368.00
08/12/19 Mon	06:00P - 06:15A	Rowe, Eloise (STNA)	LTC	S5 Regular	29.00	11.75	340.75
08/13/19 Tue	06:00P - 06:15A	Rowe, Eloise (STNA)	LTC	S5 Regular	29.00	13.75	398.75
08/13/19 Tue	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/16/19 Fri	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/17/19 Sat	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular Weekend	45.00	12.00	540.00
08/11/19 Sun	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
08/12/19 Mon	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/13/19 Tue	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/15/19 Thu	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/16/19 Fri	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	2.00	58.00
08/17/19 Sat	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Overtime Weekend	48.00	10.00	480.00
08/17/19 Sat	06:00P - 06:00A	Smith, Lakesha (STNA)	LTC	S5 Regular Weekend	32.00	12.00	384.00
08/12/19 Mon	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
08/11/19 Sun	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular Weekend	32.00	16.00	512.00
08/15/19 Thu	02:00P - 06:15P	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	4.25	123.25
08/16/19 Fri	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	16.00	464.00

**Waterville Healthcare Subtotal: 258.50 9,156.00**

Invoice Total: 258.50 9,156.00

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
8855 Browning Drive  
Waterville, OH 43566

# INVOICE

Invoice No. 151982  
Date 08/30/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/18/19 Sun	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular Weekend	45.00	12.00	540.00
08/22/19 Thu	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/24/19 Sat	07:00P - 06:15A	Johns, Tiffany (STNA)	LTC	S5 Regular Weekend	32.00	11.25	360.00
08/20/19 Tue	06:00A - 06:00P	Phelps, Ashley (STNA)	LTC	S4 Regular	29.00	11.50	333.50
08/20/19 Tue	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/21/19 Wed	06:30P - 07:30A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.50	525.00
08/19/19 Mon	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/23/19 Fri	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/24/19 Sat	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	10.00	320.00
08/19/19 Sun	06:00P - 06:00A	Smith, Lakesha (STNA)	LTC	S5 Regular Weekend	32.00	12.00	384.00
08/24/19 Sat	06:00P - 06:00A	Smith, Lakesha (STNA)	LTC	S5 Regular Weekend	32.00	12.00	384.00
08/19/19 Mon	06:00P - 06:15A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	12.25	355.25
08/23/19 Fri	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular	29.00	11.50	333.50
08/19/19 Mon	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	16.00	464.00
08/20/19 Tue	02:00P - 06:00A	Steible, Sarah (STNA)	LTC	S5 Regular	29.00	16.00	464.00

**Waterville Healthcare Subtotal: 181.00 6,051.25**

Invoice Total: 181.00 6,051.25

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Waterville Healthcare  
8855 Browning Drive  
Waterville, OH 43566

# INVOICE

Invoice No. 164180  
Date 09/06/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/25/19 Sun	06:30P - 07:30A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular Weekend	45.00	12.50	562.50
08/26/19 Mon	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/29/19 Thu	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/31/19 Sat	06:30P - 07:00A	Akankwasa, Priscilla (LPN)	LTC	S5 Regular Weekend	45.00	3.50	157.50
08/29/19 Thu	06:00P - 06:00A	Riddle, Courtney (STNA)	LTC	S5 Regular	29.00	12.00	348.00
08/27/19 Tue	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/28/19 Wed	06:30P - 07:00A	Rushing, Ashley (LPN)	LTC	S5 Regular	42.00	12.00	504.00
08/25/19 Sun	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	10.00	320.00
08/29/19 Thu	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/30/19 Fri	06:00A - 04:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular	29.00	10.00	290.00
08/31/19 Sat	06:00A - 02:00P	Russell, Antoinette (Toni) (STNA)	LTC	S1 Regular Weekend	32.00	8.00	256.00
08/25/19 Sun	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S5 Regular Weekend	32.00	12.00	384.00
08/30/19 Fri	10:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	S3 Regular	29.00	8.00	232.00

**Waterville Healthcare Subtotal: 142.50 5,429.75**

Invoice Total: 142.50 5,429.75

## Please Send Payments to:

Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

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Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626**Invoice**

Date	Invoice #
9/1/2019	31101

**Bill To**Waterville Healthcare  
8885 Browning Drive  
Waterville, OH 43566**DNA**

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6313Waterville Healthcare  
8885 Browning Drive  
Waterville, OH 43566**INVOICE**Invoice No. 154465  
Date 09/13/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
08/16/19 Fri	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	SS Regular	29.00	12.00	348.00
08/18/19 Sun	06:00P - 06:00A	Sowulewski, Meg (STNA)	LTC	SS Regular: Weekend	32.00	6.75	216.00
				SS Overtime: Weekend	48.00	4.75	228.00
<b>Waterville Healthcare Subtotal:</b>					<b>23.50</b>	<b>792.00</b>	
<b>Invoice Total:</b>					<b>23.50</b>	<b>\$792.00</b>	

**Please Send Payments to:**Dedicated Nursing Associates Inc  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%

Quantity	Description	Rate	Amount
	Interest on the following:		
1,833.5	Invoice #159973	0.015	27.50
1,312	Invoice #160242	0.015	19.68
2,287.5	Invoice #160598	0.015	34.31
1,116	Invoice #160952	0.015	16.74
3,423.5	Invoice #161282	0.015	51.35
1,850.63	Invoice #161933	0.015	27.76
5,229.25	Invoice #162343	0.015	78.44
4,517.5	Invoice #162713	0.015	67.76
<b>Total</b>			<b>5323.54</b>

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626**Invoice**

Date	Invoice #
10/1/2019	31631

**Bill To**Waterville Healthcare  
8885 Browning Drive  
Waterville, OH 43566

Quantity	Description	Rate	Amount
	Interest on the following:		
1,833.5	Invoice #159973	0.015	27.50
1,312	Invoice #160242	0.015	19.68
2,287.5	Invoice #160598	0.015	34.31
1,116	Invoice #160952	0.015	16.74
3,423.5	Invoice #161282	0.015	51.35
1,850.63	Invoice #161933	0.015	27.76
5,229.25	Invoice #162343	0.015	78.44
4,517.5	Invoice #162713	0.015	67.76
8,031	Invoice #162910	0.015	120.47
8,359.75	Invoice #163278	0.015	125.40
9,156	Invoice #163666	0.015	137.34
6,051.25	Invoice #163992	0.015	90.77
323.54	Invoice #31101	0.015	4.85
<b>Total</b>			<b>\$802.37</b>

**EXHIBIT 24**



**Statement**

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

Date
10/8/2019

To:
Waterville Healthcare 8885 Browning Drive Waterville, OH 43566

		Amount Due	Amount Enc.		
		\$60,290.74			
Date	Transaction	Amount	Balance		
06/03/2019	PMT #806	-225.05	-225.05		
06/14/2019	INV #159973 Due 07/14/2019. Orig. Amount \$1,833.50.	1,833.50	1,608.45		
06/21/2019	INV #160242 Due 07/21/2019. Orig. Amount \$1,312.00.	1,312.00	2,920.45		
06/28/2019	INV #160598 Due 07/28/2019. Orig. Amount \$2,287.75	2,287.75	5,208.20		
07/05/2019	INV #160952 Due 08/04/2019. Orig. Amount \$1,116.00.	1,116.00	6,324.20		
07/12/2019	INV #161282 Due 08/11/2019. Orig. Amount \$3,423.50.	3,423.50	9,747.70		
07/19/2019	INV #161933 Due 08/18/2019. Orig. Amount \$1,850.63.	1,850.63	11,598.33		
07/26/2019	INV #162343 Due 08/25/2019. Orig. Amount \$5,229.25.	5,229.25	16,827.58		
08/02/2019	INV #162713 Due 09/01/2019. Orig. Amount \$4,517.50.	4,517.50	21,345.08		
08/09/2019	INV #162910 Due 09/08/2019. Orig. Amount \$8,031.00.	8,031.00	29,376.08		
08/16/2019	INV #163278 Due 09/15/2019. Orig. Amount \$8,359.75.	8,359.75	37,735.83		
08/23/2019	INV #163666 Due 09/22/2019. Orig. Amount \$9,156.00.	9,156.00	46,891.83		
08/30/2019	INV #163992 Due 09/29/2019. Orig. Amount \$6,051.25.	6,051.25	52,943.08		
09/01/2019	INV #31101 Due 10/01/2019. Orig. Amount \$323.54.	323.54	53,266.62		
09/06/2019	INV #164180 Due 10/06/2019. Orig. Amount \$5,429.75.	5,429.75	58,696.37		
09/13/2019	INV #164465 Due 10/13/2019. Orig. Amount \$792.00.	792.00	59,488.37		
10/01/2019	INV #31631 Due 10/31/2019. Orig. Amount \$802.37.	802.37	60,290.74		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
1,594.37	37,351.29	15,020.88	6,324.20	0.00	\$60,290.74

**MEDICAL STAFFING AGREEMENT**

**THIS MEDICAL STAFFING AGREEMENT** ("Agreement"), made this 15<sup>th</sup> day of March, 2019, between **DEDICATED NURSING ASSOCIATES, INC.** ("DNA"), a Pennsylvania corporation having a place of business at 6536 William Penn Highway Rt. 22, Suite 202, Delmont, Pennsylvania 15626,

**A N D**

Woodridge Healthcare ("Contractor"), having its principle place of business at 3801 Woodridge Boulevard, Fairfield, Ohio 45041.

**WHEREAS**, DNA is in the business of providing registered nurses, licensed practical nurses, certified nursing aides, home health aides and other medical professionals ("Employee" or "Employees") with particular skills and experience; and

**WHEREAS**, Contractor is in need of personnel with the skill and experience provided by DNA.

**NOW, THEREFORE**, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows:

**1. EMPLOYEES TO BE PROVIDED**

The Employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's, HHA's and NA's.

**2. QUALIFICATIONS OF EMPLOYEES**

DNA will ensure that Employees to be provided shall possess the qualifications required to perform the work for which they are contracted to provide in their particular field of practice. They shall also possess the required qualifications in the areas of education, certification, license, Physical and Mantoux test and criminal clearances, as required.

**3. DNA AS EMPLOYER**

Contractor shall not be responsible for payment of wages, salaries, and other compensation, fringe benefits, unemployment insurance, workers' compensation, social security, or other payroll taxes for staff provided to Contractor by DNA. Further, DNA shall be the employer of all persons it furnishes to Contractor.

**4. EXPENSES**

Contractor shall be responsible for all expenses incurred by DNA Employees relating to patient care (by way of example only, gloves) while on assignment to Contractor under this Agreement.

**EXHIBIT 25****5. ADMINISTRATIVE LINK**

For the purpose of facilitating the services contemplated by this Agreement, Contractor and DNA each shall designate an administrative employee to be available for such purpose.

**6. COMPENSATION (TIME RECORDS)**

Contractor shall compensate DNA for its services in accordance with the schedule set forth in Exhibit "A" hereto, which is incorporated by reference and made part of this Agreement. For the purpose of compensation, DNA shall submit documentation in the form of time records for the services provided to Contractor. Contractor, or its authorized representative, shall be responsible for verifying that the time records are accurate.

**7. SCHEDULING AND SUBSTITUTE STAFF**

A. Contractor must immediately notify DNA of any changes to the agreed upon staffing schedule for Employees. Contractor is not authorized to accept a schedule change that is only discussed with an Employee and not approved in advance by DNA. If the schedule change results in the Employee working fewer hours than scheduled, failure to give notice to and receive consent from DNA may result in a charge for the originally scheduled hours. If a schedule change results in an Employee working over forty (40) hours in one week for DNA, and if there is no agreement to the contrary, Contractor will be charged the overtime billing rate for any hours that were not approved in advance by DNA for the Employee.

B. DNA shall use its best efforts to replace regularly scheduled staff that are unavailable on a given day due to an illness or paid time off, or because of an emergency, vacation or holiday; however, DNA cannot guarantee that it can or will provide substitute staff.

**8. HIRING OF EMPLOYEES BY CONTRACTOR AND CONVERSION FEE**

Contractor may wish to employ directly an Employee who has been supplied by DNA. In the event of such a conversion to the employ of Contractor or to another employer to whom Contractor refers such Employee, Contractor agrees to pay a conversion fee. The conversion fee is \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA or NA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment to the Contractor, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA Employee to part-time status. Again, the conversion fee will not be less than \$6,000.00.

A. The conversion fee is payable if Contractor hires the DNA Employee assigned, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six (6) months after the last day of the assignment. Contractor also agrees to pay a conversion fee if the DNA Employee assigned to Contractor is hired by a subsidiary, other related company or any other entity or business as a result of referral of the Employee by Contractor.

**9. COMPLIANCE WITH APPLICABLE LAW**

DNA and Contractor shall comply with the Fair Labor Standards Act, the Occupational Safety and Health Act ("OSHA"), Immigration Reform and Control Act, the Health Insurance Portability and Accountability Act ("HIPAA"), and all other applicable federal, state, and local statutes, laws, ordinances, regulations and standards including, but not limited to, equal employment opportunity, civil rights, anti-discrimination, wage and hour, privacy and Joint Commission, whether as presently enacted or as hereafter amended. Notwithstanding the above, it is agreed that Contractor is primarily responsible for compliance with OSHA and comparable state laws and regulations thereunder, to the extent those laws and regulations apply to Employees assigned to Contractor. This responsibility includes, but is not limited to, required information and training in site-specific protocols, the facility exposure control plan and available personal protective equipment. Contractor will maintain documentation regarding training and related obligations hereunder, and make this documentation available to DNA upon request. Contractor will provide post-exposure evaluation and follow-up in accordance with OSHA standards.

**10. CONFIDENCE OF INFORMATION**

A. Contractor shall keep in confidence all information relating to the methods of operations, trade secrets, business plans, business opportunities, finances, strategic planning and development, research, development, personnel data, recruiting, compensation, billing, and all other confidential knowledge, data and information related to the business and affairs of DNA that may be acquired in furtherance of the relationship contemplated by this Agreement. During and after the term of this Agreement, Contractor shall not, without the prior written consent of DNA, publish, communicate, divulge or disclose any such information.

B. The parties hereto agree to comply with any and all federal or state laws or regulations that have or may become effective during the term of this Agreement, including, but not limited to HIPAA and any amendments, rules and regulations promulgated thereunder. The parties further agree to execute any additional documents that may be required under HIPAA, including, but not limited to, a Business Associates Agreement.

**11. INDEMNIFICATION**

DNA and Contractor shall indemnify, hold harmless, and, upon request, defend the other party and their respective subsidiaries, affiliates, directors, officers, employees, agents and independent contractors, from and against all liens, claims, charges, causes of action of any type, whether in law or equity, liabilities, damages, losses and expenses including, but not limited to, interest, penalties, reasonable attorney's fees and costs of suit, arising out of or in connection with their own acts or omissions, whether in whole or in part, relating to their obligations pursuant to this Agreement.

**12. PROFESSIONAL LIABILITY INSURANCE**

Each party to this Agreement shall obtain, at its own cost, professional liability insurance covering its own act or omissions. Each shall maintain such insurance in amounts not less than Two Million (\$2,000,000.00) Dollars per occurrence and Six Million (\$6,000,000.00) Dollars annual aggregate.

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**18. FLOATING POLICIES AND COMPETENCE**

Floating refers to the reassignment of Employees, where the Employee's job functions differ from specified requirements. With the express, written permission of DNA, Contractor may float one or more Employees that are within the scope of the Employee's clinical expertise, Joint Commission standards, and to which they have been fully oriented. Contractor shall pay to DNA the agreed upon rate under these circumstances.

**19. ORIENTATION POLICIES**

Contractor will require Employees furnished under this Agreement to review Contractor's fire and disaster, infection control and no-lift policies prior to placement.

**20. SUBCONTRACTING**

DNA, at its sole discretion, may contract with one or more persons or entities for the performance of DNA's services covered by this Agreement, provided the contract shall not relieve DNA of its obligations and liability under this Agreement. Any individual provided under such a subcontracting arrangement shall be deemed an "Employee" solely for purposes of this Agreement.

**21. INCIDENT, ERROR TRACKING SYSTEM**

DNA has a system for reporting, tracking, and documenting unexpected incidents. When any Employee is involved in medication and/or documentation errors, unanticipated deaths, patient incidents, injuries, safety hazards related to the care and services provided, occupational illnesses, or security incidents including incidents of property damage or theft, the Employee and Contractor shall immediately report the incident to DNA, as DNA requires documentation to insure continued patient safety.

**22. ADDITIONAL REPORTING OBLIGATIONS OF CONTRACTOR**

A. Contractor shall also immediately report to DNA any employment-related concerns, problems or issues with any Employee supplied by DNA, including any Employee report made directly to Contractor.

B. If Contractor reasonably believes that any Employee assigned by DNA is incompetent, negligent or has engaged in misconduct, Contractor may require such Employee to leave its premises and shall inform DNA of this action immediately. Contractor's obligation to compensate DNA for the Employee's services shall be limited to the hours actually worked by such Employee; however, any action taken by Contractor in this regard must be based upon a reasonable, good faith belief by Contractor that the Employee must in fact be removed from the premises immediately.

C. Contractor is responsible to determine the adequacy of each Employee's job performance. If Contractor determines that the Employee's performance is unsatisfactory, Contractor will notify DNA of specific deficiencies in writing in circumstances other than those requiring immediate removal from the premises.

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**13. GENERAL LIABILITY INSURANCE**

Contractor shall maintain accident and general liability insurance covering the premises where DNA Employees will perform services hereunder, as well as any Contractor owned or leased vehicles that DNA Employees may use in the course of their work pursuant to this Agreement. Upon request of DNA, Contractor shall provide a copy of all insurance policies demonstrating compliance with this paragraph.

**14. INDEPENDENT STATUS**

A. In the performance of their respective duties under this Agreement, DNA and Contractor shall remain independent contracting entities, and neither shall be deemed to be the employer or employee of the other for any purpose whatsoever. The relationship between the parties shall at all times be that of independent contractors. No provision of this Agreement is intended to, or shall be construed, to render one party an employee, servant or partner of the other.

B. In the event that the Internal Revenue Service or another government agency questions or challenges the independent contractor status of either DNA or Contractor, both DNA and Contractor, upon receipt by either of them of notice from the Internal Revenue Service or other government agency, shall promptly notify and afford the other party the opportunity to participate in any discussion or negotiation with the Internal Revenue Service or other government agency, irrespective by whom such negotiations were initiated, to the extent permitted by the Internal Revenue Service or other government agencies.

**15. COMMUNICATION WITH STAFF**

Contractor shall not communicate directly with DNA Employees outside of the assignment scope. All communications regarding staff scheduling with DNA Employees, whether written, verbal, or in person, shall be relayed through DNA unless otherwise agreed to in writing by both parties. See also paragraph 7.A. hereof.

**16. NO SOLICITATION BY CONTRACTOR**

During the term of this Agreement, Contractor shall not solicit or attempt to solicit, either directly or indirectly, the business or trade of DNA for Contractor's benefit or the benefit of any other person or entity to the exclusion of DNA, nor shall Contractor request or allow anyone to do so on its behalf.

**17. INJUNCTIVE RELIEF**

In addition to all other available remedies in the event of a breach of this Agreement, DNA, as the aggrieved party, shall be entitled to immediate injunctive relief to prevent the irreparable harm which will result in the absence of such relief.

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**23. ADDITIONAL LIMITATIONS/REQUIREMENTS**

A. Contractor agrees that it will not entrust any Employee with unattended premises, cash, checks, keys, credit cards, merchandise or other valuables without prior, express permission from DNA.

B. Contractor will not request or permit any Employee to use any vehicle, regardless of ownership, in connection with the performance of services for Contractor, without prior, express permission from DNA.

**24. NON-DISCRIMINATION**

Both DNA and Contractor agree that they will abide by all federal, state, and applicable laws regarding the prohibition of discrimination in the provision of services on the basis of race, sex, religion, creed, disability, ancestry, national origin, sexual preference or age.

**25. NO WAIVER**

No course of dealing or failure of either party to strictly enforce any term, right or condition of this Agreement shall be construed as a waiver of such term, right, or condition relating to any subsequent breach.

**26. SURVIVAL OF OBLIGATIONS**

Contractor's obligations under this Agreement which by their nature would continue beyond the termination, cancellation, or expiration of this Agreement, shall survive termination, cancellation or expiration of the Agreement.

**27. NO GENERAL INVALIDITY**

If any of the provisions of this Agreement are judicially declared invalid or unenforceable, such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement, and this Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions.

**28. DISASTERS AND RELATED EVENTS**

Neither DNA nor Contractor shall be liable for failure to perform hereunder due to contingencies beyond either of their reasonable control including, but not limited to, strikes, riots, war, fire, acts of God or natural disasters, accidents, mechanical failures not caused by the fault or neglect of DNA or Contractor, compliance with any law, regulation, or order of the United States of America or any state, governmental body, or any instrumentality thereof, whether now existing or hereafter created.

**29. ASSIGNMENT/SUCCESSORS AND ASSIGNS**

A. Contractor shall not assign or delegate its rights, duties and obligations under this Agreement, either in whole or in part, or any monies due or to become due hereunder without the prior written consent of DNA, which shall not be unreasonably withheld. Any such assignment without the prior written consent of DNA shall be absolutely invalid. DNA may in its discretion, assign this Agreement in whole or in part to its subsidiaries, or affiliated corporations.

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B. This Agreement shall be binding upon any and all successors and assigns of Contractor. In the event of a potential asset, stock or other sale of Contractor, Contractor and/or any or all of its agents and representatives (including, but not limited to brokers) shall have an affirmative duty to notify the potential buyer through the due diligence process or otherwise of the binding nature of this Agreement and that it is binding on all successors and assigns of Contractor. Contractor shall also notify DNA of the pendency of any transaction contemplated herein and shall provide DNA with reasonable notice thereof so that DNA may assert all rights it has under this Agreement, including, but not limited to, those referenced in Sections 29.A., 11 and 17 hereof.

C. To the extent Contractor breaches any part of this Section 29, the Indemnification provisions of Section 11 hereof shall be fully enforced by DNA against Contractor. It expressly is understood that liability to DNA shall not be limited to booked but unworked shifts.

### 30. CHANGES TO AGREEMENT

Any changes to this Agreement shall be effective only if mutually agreed upon in writing by duly authorized representatives of the parties. This Agreement shall not be modified or supplemented, or any rights, duties or obligations of a party in it waived, except by such a writing.

### 31. FINAL AGREEMENT: SURVIVABILITY OF TERMS

This Agreement represents the entire agreement between the parties. It supersedes and voids all contract terms contained in any earlier agreements between the parties. There are no other oral or written agreements between the parties supplemental or contrary to this Agreement. If any provision hereof shall be held unenforceable, the remaining provisions shall be given full force and effect.

### 32. TERM OF AGREEMENT AND TERMINATION

The term of this Agreement shall be from March 2019 to March 2020, and will automatically renew on an annual basis if not revised by agreement of each party or terminated. Either party may terminate this Agreement for any lawful reason by sending the other written notice of termination at least thirty (30) days before the date of termination. Such termination shall not be a waiver of any right to pursue damages for a pre-existing breach. The parties herein shall deal with each other in good faith during the thirty (30) day period after which any notice of intent to terminate without cause has been given.

### 33. NOTICE

Any notice given pursuant to this Agreement shall be given by personal delivery, prepaid telegram, teletype, overnight delivery service postage prepaid, registered or certified mail, with return receipt requested, directed to the parties at the following addresses:

#### Dedicated Nursing Associates, Inc.

6536 William Penn Highway Rt 22  
Suite 202  
Delmont, Pennsylvania 15626

#### Contractor:

3801 Woodridge Boulevard  
Fairfield, Ohio 45014

### 34. CHOICE OF LAW/VENUE

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to any conflicts of law principles thereof. In addition, any claims brought hereunder shall first attempted to be mediated informally by the parties. In the event mediation is unsuccessful, then any litigation brought hereunder must be brought in the Court of Common Pleas of Westmoreland County, Pennsylvania, or the U.S. District Court for the Western District of Pennsylvania, to the extent federal law or federal diversity jurisdiction would apply.

### 35. EXECUTION

This Agreement is executed by duly authorized officers, employees or agents of the parties on the dates below, and with the intent to be legally bound hereby:

#### Dedicated Nursing Associates, Inc.:

By: Laroda Livable Title: LN/HR Dated: 3/15/19

By: [Signature] Title: Account Rep Dated: 3/18/19  
[Authorized Representative]

#### Contractor:


Entity: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Dated: \_\_\_\_\_  
[Authorized Representative]

[Electronic signature/verification has the same legal significance as writing.]

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Dedicated Nursing Associates, Inc. Contract Forms	 Dedicated Nursing Associates, Inc. 6536 William Penn Highway Rt 22 Suite 202 Delmont, PA 15626
DNA Contract Compliance	
Document Title: Joint Commission Compliance Form	Document Number: _____ Effective Date: <u>01/13/2016</u> Revision Date: _____ Approved By: <u>D.R./C.W.</u> Page Number: <u>Page 9 of 9</u>

Dedicated Nursing Associates, Inc. (DNA) is a Joint Commission certified organization. We encourage our clients to:

- Provide information and training programs to new health care professionals at the time of hire.
- Follow the recommendations of the health care professional at the time of hire and periodically thereafter.
- Agree to provide DNA with copies of written performance feedback after the employee has completed a clear based evaluation.
- Agree to report any incident involving a risk to patient safety and quality of care and report incident to supervisor of DNA.
- This includes errors, omissions and actions that are not in the Joint Commission Standards for Accredited Status.
- All incidents must be reported to the Joint Commission within 30 days of the incident. The consequences of not reporting an incident may be severe and may result in the loss of the employee's employment.
- All incidents must be reported to the Joint Commission within 30 days of the incident. The consequences of not reporting an incident may be severe and may result in the loss of the employee's employment.
- All incidents must be reported to the Joint Commission within 30 days of the incident. The consequences of not reporting an incident may be severe and may result in the loss of the employee's employment.
- All incidents must be reported to the Joint Commission within 30 days of the incident. The consequences of not reporting an incident may be severe and may result in the loss of the employee's employment.

Any client of Dedicated Nursing Associates, Inc. is encouraged to report a complaint or concern to the Joint Commission within 30 calendar days of the event(s) giving rise to the complaint. You may contact the Joint Commission by:

Online: <http://www.jointcommission.org/General/About/Complaint/>  
 By Mail: [complaint@jointcommission.org](mailto:complaint@jointcommission.org)  
 The Joint Commission  
 One Renaissance Boulevard  
 Oakbrook Terrace, IL 60181

[Signature]  
DNA Representative

3/15/19  
Date

[Signature]  
DNA Representative

3/18/19  
Date

### Exhibit A

Per-Diem Rates	Weekday	Weekend
a. State Tested Nursing Assistant	\$29.50/Hr	\$32.50/Hr
b. Licensed Practical Nurse	\$42.50/Hr	\$45.50/Hr
c. Registered Nurse	\$52.50/Hr	\$55.50/Hr

### Contract Assignment Rates

a. State Tested Nursing Assistant	\$36.50/Hr	\$39.50/Hr
b. Licensed Practical Nurse	\$49.50/Hr	\$52.50/Hr
c. Registered Nurse	\$59.50/Hr	\$62.50/Hr

\* **Travel/Contract Assignments** are typically (13) thirteen weeks in duration, however never less than (4) four weeks and encompass all costs, e.g. lodging and travel. Any new service not listed will be added by an addendum attachment.

\*\* **Specialty** is considered any unit outside of Long Term Care, Med/Surg, Telemetry. All Registered Nurses that have management functions (floor manager, unit manager, etc) during their assignment will also be considered specialty.

### Weekend Bill Rates

Contractor agrees to pay the weekend bill rates for the following days and shifts worked:

- Saturday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am
- Sunday- 7:00 am-3:00 pm  
3:00 pm-11:00 pm  
11:00 pm-7:00 am

### Holiday Policy

The following days will be billed at 1 1/2 the hourly rate:

- New Year's Eve 3:00 p.m. through New Year's Day
- Martin Luther King Jr. Day
- Easter Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve 3:00 p.m. through Christmas Day

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**Training/Orientation**

Contractor agrees to pay for all orientation/training hours.

**Lunch Breaks**

Signed time cards that authorize a paid lunch break will be billed to the Contractor.

**Overtime Policy**

Any hours exceeding 40 hours in single payroll week (Sunday through Saturday) will be billed at time and a half (1 1/2).

**Cancellation Policy for Per Diem Personnel**

- Per Diem: Any shift that is cancelled with less than two (2) hours notice will result in a four (4) hour billing charge.

**Cancellation Policy for Travel/Contract Assignment:**

- Travel/Contract Assignments are guaranteed. If cancelled (for any reason), weeks agreed upon will be billed in full. If an employee works part of the assignment, that time and the unworked portion will also be billed. The billed time is not to exceed agreement unless an extension is required and documented. Minimum contract assignments are four (4) weeks.

**Interest:** Any invoice beyond 30 days past due will be charged interest at a rate of 1.5%.

**CONTACT CHECKLIST**

<b>Point of Contact</b>	
<b>Administrator:</b>	<b>DON:</b>
<b>Name:</b> LaBonda Usembee	<b>Name:</b> Heidi Gaston
<b>E-mail:</b> lusembee@boulderhealthcare.com	<b>E-mail:</b> hgaston@boulderhealthcare.com
<b>Phone:</b> (513) 673-3086	<b>Phone:</b> (513)
<b>Scheduler/Staffing Coordinator:</b>	<b>Corporate Point of Contact:</b>
<b>Name:</b>	<b>Name:</b> Mathew Dapore
<b>E-mail:</b>	<b>Email:</b> mdapore@hillsstonhc.com
<b>Phone:</b>	<b>Phone:</b> 937/614 401-7294

<b>Type of Facility:</b> Worthington Healthcare
<b>Size/Number of Beds:</b> 112 SNF AL 124
<b>Main Need (Discipline):</b> SNF
<b>Currently Using Agency?</b> NO

- Who (ex: OR Nurse, ER Nurse, Med Tech, Telemetry, Nurse Aide etc.) ?  
LPN only - and or STNA
- What (ex: education requirements, clinical requirements, specific years of experience, male or female, height requirements etc.) ?  
Licensed LPN, or State Tested Nursing Assistant
- When (ex: length of assignment, specific schedule/days, start date etc.) ?
- Where (ex: if multiple locations/wings, where is the help needed) ?  
~~for~~ Healthcare 2nd Fl. LPN -  
Possibly AL LPN at times.  
STNA throughout SNF NOT AL

**Billing Information**

<b>Billing/Invoice</b>	
<b>Contact Name:</b> Cassandra Lyons	<b>Title:</b> AP
<b>Phone Number:</b>	<b>E-mail Address:</b> clyons@hillsstonhc.com

<b>Corporate Group Affiliation:</b>	
<b>Company Billing Name:</b> Hillsstone Healthcare	
<b>Billing Address:</b> 544 Enterprise Drive Lewis Center, OH 43035	
<b>Invoicing Preference:</b>	( ) E-mail (X) Mail
<b>Payment Preference:</b>	( ) ACH (X) Check ( ) Credit Card
<b>OT Rate:</b>	<b>Holiday Rate:</b>
<b>MSP/VMS fee (if applicable):</b>	
<b>Administrative fees (if applicable) &amp; Special billing requirements:</b>	

**EXHIBIT 26**





**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 43541

# INVOICE

Invoice No. 139753  
Date 06/07/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
Worked							
05/31/19 Fri	03:00P - 11:00P	Brown, Sherrina (LPN)	LTC - Assisted Living	S2 Regular	42.50	7.50	318.75
05/27/19 Mon	07:00A - 03:00P	Bryan, Meredith (LPN)	LTC - Assisted Living	S1 Regular Holiday	42.50	8.00	340.00
05/27/19 Mon	03:00P - 11:00P	Bryan, Meredith (LPN)	LTC - Assisted Living	S2 Regular Holiday	42.50	7.50	318.75
05/31/19 Fri	07:00A - 03:00P	Bryan, Meredith (LPN)	LTC - Assisted Living	S1 Regular	42.50	8.00	340.00
05/31/19 Fri	03:00P - 11:00P	Bryan, Meredith (LPN)	LTC - Assisted Living	S2 Regular	42.50	7.50	318.75
05/30/19 Thu	07:00P - 11:00P	Caldwell, Bernadette (STNA)	LTC	S5 Regular	29.50	4.00	118.00
05/31/19 Fri	07:00P - 07:00A	Caldwell, Bernadette (STNA)	LTC	S5 Regular	29.50	11.50	339.25
05/27/19 Mon	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	7.00	206.50
				S5 Regular Holiday	44.25	5.00	221.25
05/31/19 Fri	09:30P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	9.50	280.25
06/01/19 Sat	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular Weekend	32.50	12.00	390.00
05/27/19 Mon	07:00A - 03:00P	Davis, Debora (STNA)	LTC	S1 Regular Holiday	44.25	7.50	331.88
05/27/19 Mon	03:00P - 11:00P	Davis, Debora (STNA)	LTC	S2 Regular Holiday	44.25	7.50	331.88
05/29/19 Wed	07:00A - 07:00P	Davis, Debora (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/01/19 Sat	07:00A - 03:00P	Davis, Debora (STNA)	LTC	S1 Regular Weekend	32.50	8.00	260.00
06/01/19 Sat	03:00P - 07:30P	Davis, Debora (STNA)	LTC	S2 Regular Weekend	32.50	4.00	130.00
05/26/19 Sun	07:00A - 07:00P	Francis, Sandra (STNA)	LTC	S4 Regular Weekend	32.50	12.00	390.00
05/26/19 Sun	11:00A - 03:30P	Irwin, Teresa (LPN)	LTC - Assisted Living	S2 Regular Weekend	45.50	4.50	204.75
06/01/19 Sat	02:45P - 11:00P	Irwin, Teresa (LPN)	LTC - Assisted Living	S2 Regular Weekend	45.50	8.25	375.38
05/28/19 Tue	07:00A - 07:00P	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	11.50	339.25
05/29/19 Wed	07:00A - 11:00A	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	4.00	118.00
05/30/19 Thu	07:00A - 03:00P	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	8.00	236.00
05/31/19 Fri	07:00A - 07:00P	Johnson, Catherine (STNA)	LTC	S4 Regular	29.50	11.50	339.25
05/28/19 Tue	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
05/29/19 Wed	07:00A - 03:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
05/31/19 Fri	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	7.50	221.25
05/27/19 Mon	07:00A - 07:00P	Roper, Tahj (STNA)	LTC - Skilled	S1 Regular Holiday	44.25	12.00	531.00
05/28/19 Tue	07:00A - 07:00P	Roper, Tahj (STNA)	LTC - Skilled	S1 Regular	29.50	11.50	339.25
05/29/19 Wed	07:00A - 07:00P	Roper, Tahj (STNA)	LTC - Skilled	S1 Regular	29.50	11.50	339.25

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 43541

# INVOICE

Invoice No. 160037  
Date 06/14/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
Worked							
06/03/19 Mon	07:00P - 07:15A	Baker, Tatyana (STNA)	LTC	S5 Regular	29.50	12.25	361.38
06/03/19 Mon	07:00A - 07:00P	Besingi, Emilia (STNA)	LTC	S4 Regular	29.50	12.00	354.00
06/02/19 Sun	03:00P - 11:00P	Brown, Sherrina (LPN)	LTC - Assisted Living	S2 Regular Weekend	45.50	7.50	341.25
06/07/19 Fri	03:00P - 11:00P	Brown, Sherrina (LPN)	LTC - Assisted Living	S2 Regular	42.50	7.50	318.75
06/03/19 Mon	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/08/19 Sat	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/05/19 Wed	07:00P - 07:00A	Francis, Sandra (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/07/19 Fri	07:00P - 07:00A	Francis, Sandra (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/05/19 Wed	06:45A - 03:30P	Irwin, Teresa (LPN)	LTC - Assisted Living	S1 Regular	42.50	8.75	371.88
06/07/19 Fri	02:45P - 11:00P	Irwin, Teresa (LPN)	LTC - Assisted Living	S2 Regular	42.50	8.25	356.63
06/08/19 Sat	02:45P - 11:15P	Irwin, Teresa (LPN)	LTC - Assisted Living	S2 Regular Weekend	45.50	8.50	386.75
06/06/19 Thu	07:00P - 07:15A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	11.75	346.63
06/07/19 Fri	07:00P - 07:30A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/06/19 Thu	07:00A - 07:00P	Masters, Rondia (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/04/19 Tue	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/05/19 Wed	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/02/19 Sun	07:00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular Weekend	32.50	11.50	373.75
06/03/19 Mon	07:00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/05/19 Wed	07:00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular	29.50	12.00	354.00
06/08/19 Sat	07:00A - 03:15P	Rowe, Alexis (STNA)	LTC	S1 Regular Weekend	32.50	5.00	162.50
				S1 Overtime Weekend	48.75	3.25	158.44
06/05/19 Wed	07:00A - 07:30P	Upshaw, Taveira (LPN)	LTC	S4 Regular	42.50	12.50	531.25
06/07/19 Fri	07:00A - 07:00P	Upshaw, Taveira (LPN)	LTC	S4 Regular	42.50	12.00	510.00
06/08/19 Sat	07:00A - 03:00P	Upshaw, Taveira (LPN)	LTC	S1 Regular Weekend	45.50	8.00	364.00
06/02/19 Sun	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular Weekend	32.50	11.50	373.75

**Woodridge Healthcare Subtotal: 258.25 8,821.96**  
Invoice Total: 258.25 8,821.96

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Invoice No. 150753  
Date 06/07/2019  
Page 2

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
Worked							
05/27/19 Mon	07:00A - 07:00P	Upshaw, Taveira (LPN)	LTC	S4 Regular Holiday	42.50	12.00	510.00
05/28/19 Tue	07:00A - 03:00P	Upshaw, Taveira (LPN)	LTC - Assisted Living	S1 Regular	42.50	8.00	340.00
06/01/19 Sat	07:00A - 03:00P	Upshaw, Taveira (LPN)	LTC - Skilled	S1 Regular Weekend	45.50	8.00	364.00
05/26/19 Sun	07:00P - 07:15A	Walker, Tamara (STNA)	LTC	S5 Regular Weekend	32.50	5.00	162.50
				S5 Regular Weekend Holiday	48.75	6.75	329.06
06/01/19 Sat	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular Weekend	32.50	11.50	373.75
<b>Woodridge Healthcare Subtotal: 302.50 10,768.33</b>					<b>Invoice Total: 302.50 10,768.33</b>		



**Dedicated Nursing Associates, Inc.**  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626  
(855) 349-5013

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 43541

# INVOICE

Invoice No. 160197  
Date 06/14/2019  
Page 1

Terms	PO Number
30	

Date	Shift	Temp	Dept.	Desc.	Rate	Units	Amount Due
Worked							
06/09/19 Sun	07:00A - 07:00P	Baker, Tatyana (STNA)	LTC	S4 Regular Weekend	32.50	12.00	390.00
06/06/19 Thu	07:00A - 07:00P	Besingi, Emilia (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/07/19 Fri	07:00A - 07:00P	Besingi, Emilia (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/09/19 Sun	07:00A - 07:30P	Brown, Sherrina (LPN)	LTC - Skilled	S4 Regular	29.50	5.00	147.50
06/13/19 Thu	07:00P - 07:00A	Caldwell, Bernadette (STNA)	LTC	S5 Regular	29.50	5.00	147.50
06/04/19 Tue	07:00P - 12:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	12.00	390.00
06/09/19 Sun	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular Weekend	32.50	12.00	390.00
06/11/19 Tue	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/14/19 Fri	07:00P - 07:00A	Coleman, Jazmyn (STNA)	LTC	S5 Regular	29.50	12.00	354.00
06/13/19 Thu	02:45P - 11:00P	Irwin, Teresa (LPN)	LTC - Assisted Living	S2 Regular	42.50	8.25	356.63
06/04/19 Tue	07:00P - 12:15A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	4.50	132.75
				S5 Regular	29.50	0.75	22.13
06/10/19 Mon	07:00P - 07:15A	Kelly, Aryonna (STNA)	LTC	S5 Regular	29.50	11.75	346.63
06/12/19 Wed	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/13/19 Thu	07:00A - 07:00P	Ponder, Ebony (STNA)	LTC	S4 Regular	29.50	11.50	339.25
06/10/19 Mon	07:00A - 07:00P	Rowe, Alexis (STNA)	LTC	S4 Regular	29.50	12.00	354.00
06/10/19 Mon	07:00A - 07:00P	Upshaw, Taveira (LPN)	LTC	S4 Regular	42.50	12.00	510.00
06/09/19 Sun	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular Weekend	32.50	11.50	373.75
06/13/19 Thu	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular	29.50	11.50	339.25
06/14/19 Fri	07:00P - 07:00A	Walker, Tamara (STNA)	LTC	S5 Regular	29.50	11.50	339.25
06/10/19 Mon	07:00P - 07:00A	Wright, Aisha (STNA)	LTC	S5 Regular	29.50	12.00	354.00

**Woodridge Healthcare Subtotal: 218.25 7,000.14**  
Invoice Total: 218.25 7,000.14

## Please Send Payments to:

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt. 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45041

**INVOICE**

Invoice No. 161955  
Date 07/16/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/09/19 Tue	07:00A - 07:00P	Lindsay, Angela (STNA)	LTC	S4 Regular	29.50	12.00	354.00
07/12/19 Fri	10:30A - 07:00P	Roper, Tahj (STNA)	LTC	S1 Regular	29.50	8.50	250.75
<b>Woodridge Healthcare Subtotal:</b>					<b>20.50</b>		<b>604.75</b>
<b>Invoice Total:</b>					<b>20.50</b>		<b>\$604.75</b>

**Please Send Payments to:**

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

**DNA**

Dedicated Nursing Associates, Inc.

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626  
(855) 349-6013

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45041

**INVOICE**

Invoice No. 162367  
Date 07/26/2019  
Page 1

Terms	PO Number
30	

Date	Shift Worked	Temp	Dept.	Desc.	Rate	Units	Amount Due
07/16/19 Tue	07:00A - 07:00P	Roper, Tahj (STNA)	LTC	S4 Regular	29.50	11.50	339.25
07/17/19 Wed	07:00A - 11:00A	Roper, Tahj (STNA)	LTC	S4 Regular	29.50	4.00	118.00
<b>Woodridge Healthcare Subtotal:</b>					<b>15.50</b>		<b>457.25</b>
<b>Invoice Total:</b>					<b>15.50</b>		<b>\$457.25</b>

**Please Send Payments to:**

Dedicated Nursing Associates, Inc.  
6536 William Penn Hwy Rt 22, Suite 201  
Delmont, PA 15626

Thank You For Allowing Us the Privilege of Serving You!

All invoices that are past due per the terms of the contract will be charged interest at a rate of 1.5%.

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

**Invoice**

Date	Invoice #
9/1/2019	31161

**Bill To**

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45041

P O No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
10,768.33	Interest on the following:	0.0015	16.15
8,833.03	Invoice #159753	0.015	132.50
7,000.14	Invoice #160037	0.015	105.00
118	Invoice #160297	0.015	1.77
236	Invoice #161004	0.015	3.54
604.75	Invoice #161343	0.015	9.07
457.25	Invoice #161955	0.015	6.86
<b>Total</b>			<b>\$274.89</b>

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22  
Suite 201  
Delmont, PA 15626

**Invoice**

Date	Invoice #
10/1/2019	31168

**Bill To**

Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45041

P O No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
10,768.33	Interest on the following:	0.0015	16.15
8,833.03	Invoice #159753	0.015	132.50
7,000.14	Invoice #160037	0.015	105.00
118	Invoice #160297	0.015	1.77
236	Invoice #161004	0.015	3.54
604.75	Invoice #161343	0.015	9.07
457.25	Invoice #162367	0.015	6.86
274.89	Invoice #274.89	0.015	4.12
<b>Total</b>			<b>\$279.01</b>



Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

**Invoice**

Date	Invoice #
10/1/2019	31686

**Bill To**Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45641

P.O. No.	Terms	Project
	Net 30	

Quantity	Description	Rate	Amount
10,768.33	Interest on the following:		
8,833.03	Invoice #159753	0.0015	16.15
7,000.14	Invoice #160037	0.015	132.50
118	Invoice #160297	0.015	105.00
236	Invoice #161004	0.015	1.77
604.75	Invoice #161343	0.015	3.54
457.25	Invoice #161955	0.015	9.07
274.89	Invoice #162367	0.015	6.86
	Invoice #274.89	0.015	4.12
<b>Total</b>			\$279.01

**EXHIBIT 27**

Dedicated Nursing Associates, Inc.

6536 William Penn Hwy Rt 22

Suite 201

Delmont, PA 15626

**Statement**

Date
10/8/2019

**To**Woodridge Healthcare  
3801 Woodridge Boulevard  
Fairfield, OH 45641

Amount Due	Amount Paid
\$27,890.18	

Date	Transaction	Amount	Balance
06/07/2019	INV #159753 Due 07/07/2019 Orig. Amount \$10,768.33.	10,087.11	10,087.11
06/14/2019	INV #160037 Due 07/14/2019 Orig. Amount \$8,833.03.	8,833.03	18,920.14
06/21/2019	INV #160297 Due 07/21/2019 Orig. Amount \$7,000.14.	7,000.14	25,920.28
07/05/2019	INV #161004 Due 08/04/2019 Orig. Amount \$118.00.	118.00	26,038.28
07/12/2019	INV #161343 Due 08/11/2019 Orig. Amount \$236.00.	236.00	26,274.28
07/19/2019	INV #161955 Due 08/18/2019 Orig. Amount \$604.75.	604.75	26,879.03
07/26/2019	INV #162367 Due 08/25/2019 Orig. Amount \$457.25.	457.25	27,336.28
09/01/2019	INV #31161 Due 10/01/2019 Orig. Amount \$274.89.	274.89	27,611.17
10/01/2019	INV #31686 Due 10/31/2019 Orig. Amount \$279.01.	279.01	27,890.18

**EXHIBIT 28**

9/26/2019

AKRON HEALTHCARE Ownership Information

9/26/2019

BELLEFONTAINE HEALTHCARE Ownership Information

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## Ownership Information

AKRON HEALTHCARE  
1211 W MARKET ST null  
AKRON, OH 44313  
(330) 867-8530

\*Ownership has changed within the past 12 months  
Ownership: For profit - Corporation  
Legal Business Name: AKRON HEALTHCARE LLC

### Owners and Managers of AKRON HEALTHCARE

#### 5% OR GREATER DIRECT OWNERSHIP INTEREST

BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

#### 5% OR GREATER INDIRECT OWNERSHIP INTEREST

BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

#### OPERATIONAL/MANAGERIAL CONTROL

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### OFFICER

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### MANAGING EMPLOYEE

PALYAK, LINDSEY, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership-info.html#D646316>

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## Ownership Information

BELLEFONTAINE HEALTHCARE  
221 NORTH SCHOOL STREET null  
BELLEFONTAINE, OH 43311  
(937) 598-5123

\*Ownership has changed within the past 12 months  
Ownership: Non profit - Corporation  
Legal Business Name: BELLEFONTAINE HEALTHCARE LLC

### Owners and Managers of BELLEFONTAINE HEALTHCARE

#### 5% OR GREATER DIRECT OWNERSHIP INTEREST

BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

#### 5% OR GREATER INDIRECT OWNERSHIP INTEREST

BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

#### OPERATIONAL/MANAGERIAL CONTROL

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018  
FEIN, ARIEL, since 12/21/2018  
GOLDNER, SUSAN, since 12/21/2018

#### OFFICER

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### MANAGING EMPLOYEE

POWELL, KRISTIN, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership-info.html#D646316>

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9/25/2019

EUCLID BEACH HEALTHCARE Ownership Information

9/26/2019

GREENVILLE HEALTHCARE Ownership Information

# Medicare.gov | Nursing Home Compare

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## Ownership Information

EUCLID BEACH HEALTHCARE  
16101 EUCLID BEACH BLVD null  
CLEVELAND, OH 44110  
(216) 486-2300

\*Ownership has changed within the past 12 months  
Ownership: Non profit - Other  
Legal Business Name: EUCLID BEACH HEALTHCARE LLC

### Owners and Managers of EUCLID BEACH HEALTHCARE

#### 5% OR GREATER DIRECT OWNERSHIP INTEREST

BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

#### 5% OR GREATER INDIRECT OWNERSHIP INTEREST

BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2011

#### OPERATIONAL/MANAGERIAL CONTROL

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### OFFICER

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### MANAGING EMPLOYEE

FLUHART, LISA, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership-info.html#D646594>

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## Ownership Information

GREENVILLE HEALTHCARE  
243 MARION DRIVE null  
GREENVILLE, OH 45331  
(937) 548-3141

\*Ownership has changed within the past 12 months  
Ownership: For profit - Corporation  
Legal Business Name: GREENVILLE HEALTHCARE LLC

### Owners and Managers of GREENVILLE HEALTHCARE

#### 5% OR GREATER DIRECT OWNERSHIP INTEREST

BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

#### 5% OR GREATER INDIRECT OWNERSHIP INTEREST

BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

#### OPERATIONAL/MANAGERIAL CONTROL

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018  
FEIN, ARIEL, since 12/21/2018  
GOLDNER, SUSAN, since 12/21/2018

#### OFFICER

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### MANAGING EMPLOYEE

ADAMS, ANGELA, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership-info.html#D646532>

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9/26/2019

NORTH OLMSTED HEALTHCARE Ownership Information

9/26/2019

MADEIRA HEALTHCARE Ownership Information

## Medicare.gov | Nursing Home Compare

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### Ownership Information

NORTH OLMSTED HEALTHCARE  
23225 LORAIN RD null  
NORTH OLMSTED, OH 44070  
(440) 779-6900

\*Ownership has changed within the past 12 months  
Ownership: For profit - Corporation  
Legal Business Name: NORTH OLMSTED HEALTHCARE LLC

#### Owners and Managers of NORTH OLMSTED HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST  
BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST  
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL  
BERGSTEN, PAUL, since 12/05/2018

OFFICER  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE  
DAPORE, MATTHEW, since 12/05/2018  
FARRIS, DEBORAH, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership/info.html#ID=345310>

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9/26/2019

MAYFIELD HEIGHTS HEALTHCARE Ownership Information

## Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

### Ownership Information

MAYFIELD HEIGHTS HEALTHCARE  
5757 MAYFIELD RD null  
MAYFIELD HEIGHTS, OH 44124  
(440) 473-0090

\*Ownership has changed within the past 12 months  
Ownership: Non profit - Corporation  
Legal Business Name: MAYFIELD HEIGHTS HEALTHCARE LLC

#### Owners and Managers of MAYFIELD HEIGHTS HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST  
BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST  
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

OFFICER  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE  
BIVINS, TIARA, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership/info.html#ID=345314>

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## Medicare.gov | Nursing Home Compare

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### Ownership Information

MADEIRA HEALTHCARE  
5970 KENWOOD ROAD null  
CINCINNATI, OH 45243  
(513) 561-4111

\*Ownership has changed within the past 12 months  
Ownership: For profit - Corporation  
Legal Business Name: MADEIRA HEALTHCARE LLC

#### Owners and Managers of MADEIRA HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST  
BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST  
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

OFFICER  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE  
JOHNSON-CROOM, TRACY, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership/info.html#ID=345186>

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9/26/2019

WATERVILLE HEALTHCARE Ownership Information

## Medicare.gov | Nursing Home Compare

The Official U.S. Government Site for Medicare

### Ownership Information

WATERVILLE HEALTHCARE  
8885 BROWNING DRIVE null  
WATERVILLE, OH 43566  
(419) 878-8523

\*Ownership has changed within the past 12 months  
Ownership: For profit - Corporation  
Legal Business Name: WATERVILLE HEALTHCARE LLC

#### Owners and Managers of WATERVILLE HEALTHCARE

5% OR GREATER DIRECT OWNERSHIP INTEREST  
BOULDER OPERATIONS HOLDINGS LLC (100%), since 12/05/2018

5% OR GREATER INDIRECT OWNERSHIP INTEREST  
BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

OPERATIONAL/MANAGERIAL CONTROL  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018  
FEIN, ARIEL, since 12/21/2018  
GOLDNER, SUSAN, since 12/21/2018

OFFICER  
BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

MANAGING EMPLOYEE  
PERKINS, BENJAMIN, since 12/05/2018

<https://www.medicare.gov/nursinghomecompare/ownership/info.html#ID=345187>

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9/26/2019

WOODRIDGE HEALTHCARE Ownership Information

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## Ownership Information

WOODRIDGE HEALTHCARE  
3801 WOODRIDGE BOULEVARD null  
FAIRFIELD, OH 45014  
(513) 874-9933

\*Ownership has changed within the past 12 months  
Ownership: For-profit - Corporation  
Legal Business Name: WOODRIDGE HEALTHCARE LLC

### Owners and Managers of WOODRIDGE HEALTHCARE

#### 5% OR GREATER INDIRECT OWNERSHIP INTEREST

BOULDER FG HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER HEALTHCARE LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BOULDER OPERATIONS HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BSD TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
GOLDNER FAMILY TRUST (NO PERCENTAGE PROVIDED), since 12/05/2018  
ROYAL OAK HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
SG BOULDER HOLDINGS LLC (NO PERCENTAGE PROVIDED), since 12/05/2018  
BERGSTEN, PAUL (NO PERCENTAGE PROVIDED), since 12/05/2018  
DAPORE, MATTHEW (NO PERCENTAGE PROVIDED), since 12/05/2018

#### OPERATIONAL/MANAGERIAL CONTROL

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### OFFICER

BERGSTEN, PAUL, since 12/05/2018  
DAPORE, MATTHEW, since 12/05/2018

#### MANAGING EMPLOYEE

BOWMAN, TARA, since 12/05/2018

EXHIBIT 29

<https://www.medicare.gov/nursinghomecompare/ownershipinfo.html#ID:165738>

1/1

10/4/2019

Missouri Business Filings



### Search for a Business Entity

(Last Name searches should include corporate designations (inc., llc, etc.) and punctuation. We recommend you do not include these for other searches.)

Search Business Name:

**Search for a Business Entity**

Business Name:  Search LTC

Includes names: ☐ Starting With:  Only Active Corporations: ☐

**Search Results as of 10/4/2019 12:47 PM**

Business Name	Charter No.	Type	Status	Created	Registered Agent Name
Beach LLC	5061354561	Foreign Name (Domestic)	Follows Active	7/12/2019	
Beach LLC	5061358805	Foreign Name (Domestic)	Follows Active	6/7/2014	
Beach LLC	5061358806	Foreign Name (Domestic)	Follows Active	9/7/2019	
Beach LLC	5061358807	Foreign Name (Domestic)	Follows Active	9/7/2019	
Beach LLC	5061358808	Foreign Name (Domestic)	Follows Active	9/7/2019	

EXHIBIT 30

<https://md.missouri.gov/BusinessFilings/BISearch.aspx?SearchType=0>

1/1



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**X001364161**  
**Date Filed: 7/12/2019**  
**Expiration Date: 7/12/2024**  
**John R. Ashcroft**  
**Missouri Secretary of State**

### Registration of Fictitious Name

(Submit with filing fee of \$7.00)  
 (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New ☒ Registration ☐ Renewal ☐ Amendment ☐ Correction  
 Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Reach LTC

Business Address: 22 Herick Dr

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Lawrence, NY 11559

#### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
SRZ MGMT HOLDINGS LLC	FL001423630	221 Bolivar Street	Jefferson City, MO	65101	100.00

#### All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo.)

SRZ MGMT HOLDINGS LLC - Samuel Goldner	SRZ MGMT HOLDINGS LLC - SAMUEL GOLDNER	07/12/2019
Owner's Signature or Authorized Signature of Business Entity	Printed Name	Date

Name and address to return filed document:

Name: Susan R. Winkelman

Address: Email: Susan.Winkelman@huschblackwell.com

City, State, and Zip Code: \_\_\_\_\_

Corp. 56 (09/2010)



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**X001366607**  
**Date Filed: 8/7/2019**  
**Expiration Date: 8/7/2024**  
**John R. Ashcroft**  
**Missouri Secretary of State**

### Registration of Fictitious Name

(Submit with filing fee of \$7.00)  
 (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New ☒ Registration ☐ Renewal ☐ Amendment ☐ Correction  
 Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Reach LTC

Business Address: 4960 Laclede Ave

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: St Louis, MO 63108

#### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
SIRO MGMT Royal Oak LLC	FL001427111	221 Bolivar Street	Jefferson City, MO	65101	100.00

#### All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo.)

SIRO MGMT Royal Oak LLC - Samuel Goldner	SIRO MGMT ROYAL OAK LLC - SAMUEL GOLDNER	08/07/2019
Owner's Signature or Authorized Signature of Business Entity	Printed Name	Date

Name and address to return filed document:

Name: Susan R. Winkelman

Address: Email: Susan.Winkelman@huschblackwell.com

City, State, and Zip Code: \_\_\_\_\_

Corp. 56 (09/2010)



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**X001366608**  
**Date Filed: 8/7/2019**  
**Expiration Date: 8/7/2024**  
**John R. Ashcroft**  
**Missouri Secretary of State**

### Registration of Fictitious Name

(Submit with filing fee of \$7.00)  
 (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New ☒ Registration ☐ Renewal ☐ Amendment ☐ Correction  
 Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Reach LTC

Business Address: 6400 The Cedars Ct

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Cedar Hill, MO 63016

#### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
SIRO MGMT Big River LLC	FL001427116	221 Bolivar Street	Jefferson City, MO	65101	100.00

#### All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo.)

SIRO MGMT Big River LLC - Samuel Goldner	SIRO MGMT BIG RIVER LLC - SAMUEL GOLDNER	08/07/2019
Owner's Signature or Authorized Signature of Business Entity	Printed Name	Date

Name and address to return filed document:

Name: Susan R. Winkelman

Address: Email: Susan.Winkelman@huschblackwell.com

City, State, and Zip Code: \_\_\_\_\_

Corp. 56 (09/2010)



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**X001366606**  
**Date Filed: 8/7/2019**  
**Expiration Date: 8/7/2024**  
**John R. Ashcroft**  
**Missouri Secretary of State**

### Registration of Fictitious Name

(Submit with filing fee of \$7.00)  
 (Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New ☒ Registration ☐ Renewal ☐ Amendment ☐ Correction  
 Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Reach LTC

Business Address: 5303 Bermuda Dr

(PO Box may only be used in addition to a physical street address)

City, State and Zip Code: Normandy, MO 63121

#### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
SIRO MGMT Oakwood LLC	FL001427114	221 Bolivar Street	Jefferson City, MO	65101	100.00

#### All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo.)

SIRO MGMT Oakwood LLC - Samuel Goldner	SIRO MGMT OAKWOOD LLC - SAMUEL GOLDNER	08/07/2019
Owner's Signature or Authorized Signature of Business Entity	Printed Name	Date

Name and address to return filed document:

Name: Susan R. Winkelman

Address: Email: Susan.Winkelman@huschblackwell.com

City, State, and Zip Code: \_\_\_\_\_

Corp. 56 (09/2010)





State of Missouri  
John R. Ashcroft, Secretary of State  
Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

X001366606  
Date Filed: 8/7/2019  
Expiration Date: 8/7/2024  
John R. Ashcroft  
Missouri Secretary of State

### Registration of Fictitious Name

(Submit with filing fee of \$7.00)  
(Must be typed or printed)

This information is for the use of the public and gives no protection to the name being registered. There is no provision in this Chapter to keep another person or business entity from adopting and using the same name. The fictitious name registration expires 5 years from the filing date. (Chapter 417, RSMo)

Please check one box:

New  
☒ Registration ☐ Renewal ☐ Amendment ☐ Correction  
Charter number Charter number Charter number

The undersigned is doing business under the following name and at the following address:

Business name to be registered: Reach LTC

Business Address: 5026 Faraon St

(P.O. Box may only be used in addition to a physical street address)

City, State and Zip Code: St Joseph, MO 64506

#### Owner Information:

If a business entity is an owner, indicate business name and percentage owned. If all parties are jointly and severally liable, percentage of ownership need not be listed. Please attach a separate page for more than three owners. The parties having an interest in the business, and the percentage they own are:

Name of Owners, Individual or Business Entity	Charter # Required If Business Entity	Street and Number	City and State	Zip Code	If Listed, Percentage of Ownership Must Equal 100%
Reach AW Management LLC	LC001649486	120 South Central Ave.	Clayton, MO	63105	100.00

All owners must affirm by signing below

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties of a false declaration under Section 575.060 RSMo.)

Reach AW Management LLC - Samuel Goldner	REACH AW MANAGEMENT LLC - SAMUEL GOLDNER	08/07/2019
<small>Owner's Signature or Authorized Signature of Business Entity</small>	<small>Printed Name</small>	<small>Date</small>

Name and address to return filed document

Name: Susan R. Winkelman

Address: Email: Susan.Winkelman@huschblackwell.com

City, State, and Zip Code: \_\_\_\_\_



DOC ID ----&gt; 202131201968

## EXHIBIT 31



DATE	DOCUMENT ID	DESCRIPTION	PAID	EXPED	CERT	COPY
1/06/2021	202131201968	TRADE NAME REGISTRATION (RNC)	36.00	0.00	0.00	0.00

## Receipt

This is not a bill. Please do not remit payment.

UNISEARCH INC.  
3958-D BROWN PARK DR  
HILLIARD, OH 43026

**STATE OF OHIO  
CERTIFICATE**

Ohio Secretary of State, Frank LaRose  
4770749

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**HIGHLAND SQUARE REHABILITATION AND NURSING CENTER**  
and, that said business records show the filing and recording of:

Document(s) **TRADE NAME REGISTRATION** Effective Date: 11/04/2021 Document No(s): 202131201968

Date of First Use: 11/04/2021 BUCKEYE FOREST AT AKRON LLC  
1408 ROCKAWAY AVE, STE. 200  
HEWLETT, NY 11557

Expiration Date: 11/03/2026

  
United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
8th day of November, A.D. 2021.  
*FLR*  
Ohio Secretary of State

DOC ID ----&gt; 202131201968

DOC ID ----&gt; 202131201968

Form 534A Prescribed by  
**Frank LaRose**  
Ohio Secretary of State

Toll Free: 877.757.3453  
Columbus: 614.469.3610  
Columbus: 614.469.3610  
Columbus: 614.469.3610

File online or for more information: [ohioassessors.com](http://ohioassessors.com)

**Name Registration**  
Filing Fee: \$39  
Form Must Be Typed

CHECK ONLY ONE (1) Box

☒ Trade Name (187-RNO) Date of first use: 11/04/2021  
☐ Fictitious Name (169-NFO)

Name being Registered or Reported: Highland Square Rehabilitation and Nursing Center

Name of the Registrant: Buckeye Forest at Akron LLC

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 4783526

All registrants must complete the information in this section

The general nature of business conducted by the registrant:  
Ownership and operation of an Assisted Living, Nursing Care, and/or Independent Living facility in the State of Ohio.

Business address:  
1800 Rockaway Avenue, Suite 200  
Hewlett, NY 11557

Form 534A Page 2 of 4 Last Revised: 08/2019

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776. If partnership is registered, provide registration number on page one.

Provide the name and address of all total general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio. If a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute the document.

Required Application must be signed by the registrant or an authorized representative

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

*[Signature]*  
Diane Johnson, Authorized Person  
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Form 534A Page 3 of 4 Last Revised: 08/2019

Highland Square Nursing and  
Rehabilitation

## Ownership

## Legal business name

Buckeye Forest at Akron LLC

## Ownership type

For profit - Corporation

## Contact info

1211 W Market St

Akron, OH 44313

(330) 867-8530

EXHIBIT 32

Owners and managers of Highland Square Nursing and  
Rehabilitation

## OWNER

5% or greater direct ownership interest

KATZ, LARRY (100%)

since 12/31/2021

## DIRECTOR

KATZ, LARRY

<https://www.medicare.gov/care-compare/details/nursing-home/365316?city=Akron&state=OH&zipcode=44313&measure=nursing-home-ownership> Page 1 of 2

9/12/22, 10:26 AM

since 12/31/2021

## OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

## MANAGING EMPLOYEE

MARTIN, AMY

since 12/31/2021

EXHIBIT 33

10/5/22, 1:28 PM

10/5/22, 1:28 PM

Ayden Healthcare of Belle  
Springs.

## Ownership

### Legal business name

Buckeye Forest at Bellefontaine LLC

### Ownership type

For profit - Corporation

### Contact info

221 North School Street  
Bellefontaine, OH 43311  
(937) 599-5123



since 12/31/2021

### OFFICER

MORHAIME, ANN

since 12/31/2021

### MANAGING EMPLOYEE

MORRIS, LORI

since 12/31/2021

## Owners and managers of Ayden Healthcare of Belle Springs.

[View detailed ownership information on all nursing homes](#)

### OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

### DIRECTOR

MORHAIME, ANN

<https://www.medicare.gov/care-compare/details/nursing-home/365615..llefontaine&state=OH&zipcode=43311&measure=nursing-home-ownership> Page 1 of 2

<https://www.medicare.gov/care-compare/details/nursing-home/365615..llefontaine&state=OH&zipcode=43311&measure=nursing-home-ownership> Page 2 of 2



Wed Oct 05 2022

Entity#: 4770751  
Filing Type: REGISTERED TRADE NAME  
Original Filing Date: 11/05/2021  
Location: ---  
Business Name: GARDENS OF EUCLID BEACH  
  
Status: Active  
Exp. Date: 11/05/2026

### Agent/Registrant Information

BUCKEYE FOREST AT CLEVELAND LLC  
1800 ROCKAWAY AVE., STE. 200  
HEWLETT NY 11557  
11/05/2021  
Active

### Filings

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201972

# EXHIBIT 34

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE  
I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
of all records approved for the business units and in the custody of the Secretary of State.



Witness my hand and the seal of the  
Secretary of State at Columbus,  
Ohio this 5th of November, A.D. 2022  
Ohio Secretary of State

*Frank LaRose*

Gardens of Euclid Beach



Ownership

Legal business name

Buckeye Forest at Cleveland

Ownership type

For profit - Corporation

Contact info

16101 Euclid Beach Blvd

Cleveland, OH 44110

(216) 486-2300

EXHIBIT 35

Owners and managers of Gardens of Euclid Beach

[View detailed ownership information on all nursing homes](#)

OWNER

5% or greater direct ownership interest

FEUER, SAMUEL (100%)

since 12/31/2021

DIRECTOR

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

OFFICER

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

MANAGING EMPLOYEE

BIGGS, KARIN

since 12/31/2021

EXHIBIT 36

10/5/22, 1:32 PM

10/5/22, 1:32 PM

Ayden Healthcare of Greenville



since 12/31/2021

**Ownership****Legal business name**

Buckeye Forest at Greenville LLC

**Ownership type**

For profit - Partnership

**Contact info**

243 Marion Drive  
Greenville, OH 45331  
(937) 548-3141

**OFFICER****MORHAIME, ANN**

since 12/31/2021

**MANAGING EMPLOYEE****MANUEL, JAMES**

since 12/31/2021

**Owners and managers of Ayden Healthcare of Greenville**[View detailed ownership information on all nursing homes](#)**OWNER**

5% or greater direct ownership interest

**LAHASKY, EPHRAM (100%)**

since 12/31/2021

**DIRECTOR****MORHAIME, ANN**<https://www.medicare.gov/care-compare/detail/nursing-home/365532-Greenville&state=OH&upcode=45331&measure=nursing-home-ownership>

Page 1 of 2

<https://www.medicare.gov/care-compare/detail/nursing-home/365532-Greenville&state=OH&upcode=45331&measure=nursing-home-ownership>

Page 2 of 2

**EXHIBIT 37**

Ayden Healthcare of Madeira

**Ownership****Legal business name**

Buckeye Forest at Madeira LLC

**Ownership type**

For profit - Corporation

**Contact info**

5970 Kenwood Road  
Cincinnati, OH 45243  
(513) 561-4111

**Owners and managers of Ayden Healthcare of Madeira**[View detailed ownership information on all nursing homes](#)**OWNER**

5% or greater direct ownership interest

**KAZARNOVSKY, SOLOMON (50%)**

since 12/31/2021

**STEIN, ABBA (50%)**

since 12/31/2021

**OPERATIONAL/MANAGERIAL CONTROL**<https://www.medicare.gov/care-compare/detail/nursing-home/36518-ty-Madeira&state=OH&upcode=45243&measure=nursing-home-ownership>

Page 1 of 2

10/5/22, 1:34 PM

10/5/22, 1:34 PM

KAZARNOVSKY, SOLOMON

since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

## EXHIBIT 38

<https://www.medicare.gov/care-compare/rates/nursing-homes/26518.../p/Madex&state=OH&copcode=45743&measure=nursing-home-ownership> Page 2 of 2



Wed Oct 05 2022

Entity#: 4763936  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801354
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201974
FOREIGN AGENT RESIGNATION	09/01/2022	202224403546

## EXHIBIT 39

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records approved on the basis of a request in the words of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th day of October, A.D. 2022.

Frank LaRose  
 Ohio Secretary of State



10/5/22, 1:35 PM

10/5/22, 1:35 PM

Gardens of Mayfield Village

**Ownership**

X

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

**Legal business name**

Buckeye Forest at Mayfield Heights LLC

**Ownership type**

For profit - Corporation

**Contact info**

6757 Mayfield Rd  
Mayfield Heights, OH 44124  
(440) 473-0090

**OFFICER**

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

**MANAGING EMPLOYEE**

DEUTSCH, PAUL

since 12/31/2021

**Owners and managers of Gardens of Mayfield Village**[View detailed ownership information on all nursing homes](#)**OWNER**

5% or greater direct ownership interest

WEISZ, MORDECHAI (100%)

since 12/31/2021

**DIRECTOR**

KATZ, LARRY

<https://www.medicare.gov/care-compare/details/nursing-home/36535-22HeightsofStateOH44124BuckeyeForestatMayfieldHeightsLLC-ownership>

Page 1 of 2

<https://www.medicare.gov/care-compare/details/nursing-home/36535-22HeightsofStateOH44124BuckeyeForestatMayfieldHeightsLLC-ownership>

Page 2 of 2



Wed Oct 05 2022

Entity#: 4770753  
Filing Type: REGISTERED TRADE NAME  
Original Filing Date: 11/05/2021  
Location: ---  
Business Name: GARDENS OF NORTH OLMSTED

Status: Active  
Exp. Date: 11/05/2026

**Agent/Registrant Information**

BUCKEYE FOREST AT NORTH OLMSTED LLC  
1800 ROCKAWAY AVE., STE. 200  
HEWLETT NY 11557  
11/05/2021  
Active

**Filings**

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201976

EXHIBIT 40

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records appearing from this business entity, and in the records of the Secretary of State.



Witness my hand and the seal of the  
Secretary of State of Ohio, on  
this 5th day of October, A.D. 2022.

Ohio Secretary of State  
*Frank LaRose*

Gardens of North Olmsted

**Ownership****Legal business name**

Buckeye Forest at North Olmstead LLC

**Ownership type**

For profit – Corporation

**Contact info**

23225 Lorain Rd  
 North Olmsted, OH 44070  
 (440) 779-6900

EXHIBIT 41

**Owners and managers of Gardens of North Olmsted**[View detailed ownership information on all nursing homes](#)**OWNER**

5% or greater direct ownership interest

**LESHKOWITZ, ELI (100%)**

since 12/31/2021

**DIRECTOR****KATZ, LARRY**

<https://www.medicare.gov/care-compare/details/nursing-home/36531-20OlmstedAstate-OH&zipcode=44070&measure=nursing-home-ownership> Page 1 of 2

10/5/22, 2:31 PM

since 12/31/2021

**LAHASKY, EPHRAM**

since 12/31/2021

**OFFICER****KATZ, LARRY**

since 12/31/2021

**LAHASKY, EPHRAM**

since 12/31/2021

**MANAGING EMPLOYEE****SOLTIS, ERIN**

since 12/31/2021

EXHIBIT 42

9/12/22, 10:11 AM

9/12/22, 10:11 AM

Ayden Healthcare of Waterville



MANAGING EMPLOYEE

**Ownership**

SOLLER, BRIAN

since 12/31/2021

**Legal business name**

Buckeye Forest at Waterville

**Ownership type**

For profit - Corporation

**Contact info**

8885 Browning Drive

Waterville, OH 43566

(419) 878-8523

**Owners and managers of Ayden Healthcare of Waterville****OWNER**

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

**OFFICER**

MORHAIME, ANN

since 12/31/2021

<https://www.medicare.gov/care-compare/data/details?business-name=083017...Waterville&state=OH&zipcode=43566&measure=ursing-home-ownership> Page 1 of 2<https://www.medicare.gov/care-compare/data/details?business-name=083017...Waterville&state=OH&zipcode=43566&measure=ursing-home-ownership> Page 2 of 2**EXHIBIT 43**

Wed Oct 05 2022

Entity#: 4550830  
 Filing Type: REGISTERED TRADE NAME  
 Original Filing Date: 09/30/2020  
 Location: ---  
 Business Name: AYDEN HEALTHCARE OF FAIRFIELD  
 Status: Active  
 Exp. Date: 09/30/2025

**Agent/Registrant Information**

WOODRIDGE HEALTHCARE LLC  
 3801 WOODRIDGE BOULEVARD  
 FAIRFIELD OH 45014  
 09/30/2020  
 Active

**Filings**

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	09/30/2020	202027403804

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records appended on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*



Wed Oct 05 2022

Entity#: 4851439  
 Filing Type: REGISTERED TRADE NAME  
 Original Filing Date: 04/12/2022  
 Location: ---  
 Business Name: AYDEN HEALTHCARE OF FAIRFIELD

Status: Active  
 Exp. Date: 04/12/2027

**Agent/Registrant Information**

BUCKEYE FOREST AT FAIRFIELD LLC  
 3801 WOODRIDGE BOULEVARD  
 FAIRFIELD OH 45014  
 04/12/2022  
 Active

**EXHIBIT 44****Filings**

Filing Type	Date of Filing	Document ID
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200744

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved for this business entity and on the records of the Secretary of State.*



Witness my hand and the seal of the  
 Secretary of State of Ohio  
 Ohio the 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*

Page 1 of 1

9/15/22, 1:16 PM

9/15/22, 1:16 PM

Ayden Healthcare of Fairfield

**Ownership****KAZARNOVSKY, SOLOMON**

since 12/31/2021

**STEIN, ABBA**

since 12/31/2021

**Legal business name**

Buckeye Forest at Fairfield LLC

**Ownership type**

For profit - Corporation

**Contact info**

3801 Woodridge Boulevard  
 Fairfield, OH 45014  
 (513) 874-9933

**OFFICER****KAZARNOVSKY, SOLOMON**

since 12/31/2021

**Owners and managers of Ayden Healthcare of Fairfield****OWNER**

5% or greater direct ownership interest

**KAZARNOVSKY, SOLOMON (50%)**

since 12/31/2021

**STEIN, ABBA (50%)**

since 12/31/2021

**OPERATIONAL/MANAGERIAL CONTROL**



Wed Oct 05 2022

Entity#: 4763926  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT AKRON LLC  
 Status: Active  
 Exp. Date: -

## Agent/Registrant Information

NATIONAL REGISTERED AGENTS, INC.  
 4400 EASTON COMMONS WAY, SUITE 125  
 COLUMBUS OH 43219  
 09/19/2022  
 Active

EXHIBIT 45

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801334
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201968
FOREIGN AGENT RESIGNATION	09/01/2022	202224403434
FOREIGN/DESIGNATED APPOINTMENT OF AGENT	09/19/2022	202226205410

Page 1 of 1

DOC ID ----&gt; 202129801334

DOC ID ----&gt; 202129801334

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/25/2021	202129801334	REGISTRATION OF FOREIGN FOR PROFIT LLC (L.P.F.)	99.00	100.00	0.00	0.00

## Receipt

This is not a bill. Please do not remit payment.

UNISEARCH, INC.  
 3858-C BROWN PARK DR  
 HILLIARD, OH 43026

**STATE OF OHIO**  
**CERTIFICATE**  
 Ohio Secretary of State, Frank LaRose  
 4763926

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**BUCKEYE FOREST AT AKRON LLC**  
 and, that said business records show the filing and recording of:

Document(s)  
**REGISTRATION OF FOREIGN FOR PROFIT LLC**  
 Effective Date: 10/22/2021

Document No(s):  
**202129801334**

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 25th day of October, A.D. 2021.

*[Signature]*  
 Ohio Secretary of State

United States of America  
 State of Ohio  
 Office of the Secretary of State

Form 5338 Prescribed by:  
**Frank LaRose**  
 Ohio Secretary of State  
 Toll Free 877 787 3463  
 Central Ohio 614 488 2610  
 Columbus, OH 43219  
 business@OhioSecSOS.gov  
 File online or for more information: OhioBusinessCentral.gov

That this form is one of the following:  
 Register filing your document  
 P.O. Box 690  
 Columbus, OH 43219  
 Locally filing (This business day processing time)  
 P.O. Box 1088  
 Register on additional filing day  
 Columbus, OH 43219

**Registration of a Foreign Limited Liability Company**  
**Filing Fee: \$99**  
**Form Must Be Typed**

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For Profit Limited Liability Company  
☒ (105-LFA)  
 ORC 1705

(2) Registration of a Foreign Nonprofit Limited Liability Company  
☐ (105-LFA)  
 ORC 1705

Jurisdiction of Formation: NY  
 Date of Formation: August 17, 2021

Name of Limited Liability Company in its jurisdiction of formation:  
BUCKEYE FOREST AT AKRON LLC

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:  
THE LIMITED LIABILITY COMPANY

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:  
1800 ROCKAWAY AVENUE SUITE 200  
NEWLETT  
NY 11557  
 City State ZIP Code

Form 5338 Page 2 of 5 Last Revised: 06/2019

DOC ID ----&gt; 202129801334



Wed Oct 05 2022

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

**COGENCY GLOBAL, INC.**  
Name of Agent

**3858-D Brown Park Dr.**  
Mailing Address

**Midland** **Ohio** **43026**  
City State ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if

a. an agent is not appointed, or  
b. an agent is appointed but the authority of that agent has been revoked, or  
c. the agent cannot be found or served after the exercise of reasonable diligence.

Entity#: 4763928  
Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
Original Filing Date: 10/22/2021  
Location: --  
Business Name: BUCKEYE FOREST AT BELLEFONTAINE LLC  
Status: Active  
Exp. Date: --

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801338
FOREIGN AGENT RESIGNATION	09/01/2022	202224403440

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box

Signature:

By (if applicable)

**DIANA JOHNSON, AUTHORIZED PERSON**  
Print Name

Signature: \_\_\_\_\_

By (if applicable)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

By (if applicable)

Print Name: \_\_\_\_\_

Form 533B Page 1 of 5 Last Revised: 06/2018

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and on the records of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th of October, A.D. 2022

Ohio Secretary of State

Page 1 of 1



Wed Oct 05 2022

Entity#: 4763930  
Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
Original Filing Date: 10/22/2021  
Location: --  
Business Name: BUCKEYE FOREST AT CLEVELAND LLC  
Status: Active  
Exp. Date: --

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801342
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201972
FOREIGN AGENT RESIGNATION	09/01/2022	202224403484

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and on the records of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th of October, A.D. 2022

Ohio Secretary of State



Wed Oct 05 2022

Entity#: 4763933  
Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
Original Filing Date: 10/22/2021  
Location: --  
Business Name: BUCKEYE FOREST AT GREENVILLE LLC  
Status: Active  
Exp. Date: --

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801348
FOREIGN AGENT RESIGNATION	09/01/2022	202224403524

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and on the records of the Secretary of State



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th of October, A.D. 2022

Ohio Secretary of State

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Wed Oct 05 2022

Entity#: 4763935  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT MADEIRA LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801352
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200728
FOREIGN AGENT RESIGNATION	09/01/2022	202224403540

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*

Page 1 of 1



Wed Oct 05 2022

Entity#: 4763936  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT MAYFIELD HEIGHTS LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801354
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201974
FOREIGN AGENT RESIGNATION	09/01/2022	202224403546

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*

Page 1 of 1



Wed Oct 05 2022

Entity#: 4763923  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT NORTH OLMSTEAD LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801328
TRADE NAME/ORIGINAL FILING	11/05/2021	202131201975
FOREIGN AGENT RESIGNATION	09/01/2022	202224403550

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*

Page 1 of 1



Wed Oct 05 2022

Entity#: 4763938  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT WATERTVILLE LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801358
FOREIGN AGENT RESIGNATION	09/01/2022	202224403566

UNITED STATES OF AMERICA  
 STATE OF OHIO  
 OFFICE OF SECRETARY OF STATE  
 I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list  
 of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the  
 Secretary of State at Columbus,  
 Ohio this 5th of October, A.D. 2022  
 Ohio Secretary of State

*Frank LaRose*

Page 1 of 1



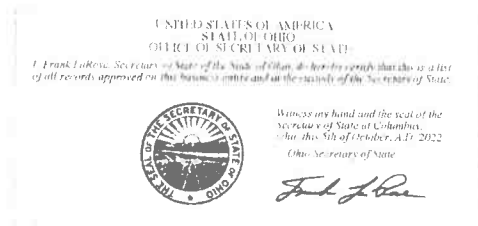
Wed Oct 05 2022

Entity#: 4763932  
 Filing Type: FOREIGN LIMITED LIABILITY COMPANY  
 Original Filing Date: 10/22/2021  
 Location: --  
 Business Name: BUCKEYE FOREST AT FAIRFIELD LLC  
 Status: Active  
 Exp. Date: -

## Filings

Filing Type	Date of Filing	Document ID
FOREIGN LLC - CERTIFICATE OF REGISTRATION	10/22/2021	202129801346
TRADE NAME/ORIGINAL FILING	04/12/2022	202210200744
FOREIGN AGENT RESIGNATION	09/01/2022	202224403520

EXHIBIT 46



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10/5/22, 1:28 PM

10/5/22, 1:28 PM

Ayden Healthcare of Belle Springs.



since 12/31/2021

## Ownership

OFFICER

MORHAIME, ANN

since 12/31/2021

MANAGING EMPLOYEE

MORRIS, LORI

since 12/31/2021

## Legal business name

Buckeye Forest at Bellefontaine LLC

## Ownership type

For profit - Corporation

## Contact info

221 North School Street  
 Bellefontaine, OH 43311  
 (937) 599-5123

## Owners and managers of Ayden Healthcare of Belle Springs.

[View detailed ownership information on all nursing homes](#)

## OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

## DIRECTOR

MORHAIME, ANN

10/5/22, 1:32 PM

10/5/22, 1:32 PM

## Ayden Healthcare of Greenville



since 12/31/2021

## Ownership

## Legal business name

Buckeye Forest at Greenville LLC

## Ownership type

For profit - Partnership

## Contact info

243 Marion Drive  
Greenville, OH 45331  
(937) 548-3141

## OFFICER

MORHAIME, ANN

since 12/31/2021

## MANAGING EMPLOYEE

MANUEL, JAMES

since 12/31/2021

## Owners and managers of Ayden Healthcare of Greenville

[View detailed ownership information on all nursing homes](#)

## OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

## DIRECTOR

MORHAIME, ANN

[https://www.medicare.gov/care-compare/details/nursing-home/365532\\_Greenville&state=OH&zipcode=45331&measure=nursing-home-ownership](https://www.medicare.gov/care-compare/details/nursing-home/365532_Greenville&state=OH&zipcode=45331&measure=nursing-home-ownership) Page 1 of 2[https://www.medicare.gov/care-compare/details/nursing-home/365532\\_Greenville&state=OH&zipcode=45331&measure=nursing-home-ownership](https://www.medicare.gov/care-compare/details/nursing-home/365532_Greenville&state=OH&zipcode=45331&measure=nursing-home-ownership) Page 2 of 2

9/12/22, 10:11 AM

9/12/22, 10:11 AM

## Ayden Healthcare of Waterville



## MANAGING EMPLOYEE

## Ownership

## Legal business name

Buckeye Forest at Waterville

## Ownership type

For profit - Corporation

## Contact info

8885 Browning Drive  
Waterville, OH 43566  
(419) 878-8523

SOLLER, BRIAN

since 12/31/2021

## Owners and managers of Ayden Healthcare of Waterville

## OWNER

5% or greater direct ownership interest

LAHASKY, EPHRAM (100%)

since 12/31/2021

## OFFICER

MORHAIME, ANN

since 12/31/2021

[https://www.medicare.gov/care-compare/details/nursing-home/365617\\_Waterville&state=OH&zipcode=43566&measure=nursing-home-ownership](https://www.medicare.gov/care-compare/details/nursing-home/365617_Waterville&state=OH&zipcode=43566&measure=nursing-home-ownership) Page 1 of 2[https://www.medicare.gov/care-compare/details/nursing-home/365617\\_Waterville&state=OH&zipcode=43566&measure=nursing-home-ownership](https://www.medicare.gov/care-compare/details/nursing-home/365617_Waterville&state=OH&zipcode=43566&measure=nursing-home-ownership) Page 2 of 2

## EXHIBIT 47

## Ayden Healthcare of Madeira



## Ownership

## Legal business name

Buckeye Forest at Madeira LLC

## Ownership type

For profit - Corporation

## Contact info

5970 Kenwood Road  
Cincinnati, OH 45243  
(513) 561-4111

## Owners and managers of Ayden Healthcare of Madeira

[View detailed ownership information on all nursing homes](#)

## OWNER

5% or greater direct ownership interest

## KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

## STEIN, ABBA (50%)

since 12/31/2021

## OPERATIONAL/MANAGERIAL CONTROL

<https://www.medicare.gov/care-compare/details/nursing-home/36936-1p-Madeira&state=OH&zipcodes=45243&measure=nursing-home-ownership> Page 1 of 2

10/5/22, 1:34 PM

## KAZARNOVSKY, SOLOMON

since 12/31/2021

## STEIN, ABBA

since 12/31/2021

## OFFICER

## KAZARNOVSKY, SOLOMON

since 12/31/2021

9/15/22, 1:15 PM

## Ayden Healthcare of Fairfield



## Ownership

## Legal business name

Buckeye Forest at Fairfield LLC

## Ownership type

For profit - Corporation

## Contact info

3801 Woodridge Boulevard  
Fairfield, OH 45014  
(513) 874-9933

## Owners and managers of Ayden Healthcare of Fairfield

## OWNER

5% or greater direct ownership interest

## KAZARNOVSKY, SOLOMON (50%)

since 12/31/2021

## STEIN, ABBA (50%)

since 12/31/2021

## OPERATIONAL/MANAGERIAL CONTROL

9/15/22, 1:16 PM

KAZARNOVSKY, SOLOMON

since 12/31/2021

STEIN, ABBA

since 12/31/2021

OFFICER

KAZARNOVSKY, SOLOMON

since 12/31/2021

EXHIBIT 48

https://www.medicare.gov/care-compare/details/nursing-homes/366738...=Fairfield&zipcode=43014&measure=nursing-home-ownership Page 2 of 2

10/5/22, 1:35 PM

Gardens of Mayfield Village  
Ownership



Legal business name  
Buckeye Forest at Mayfield Heights LLC

Ownership type  
For profit - Corporation

Contact info  
6757 Mayfield Rd  
Mayfield Heights, OH 44124  
(440) 473-0090

Owners and managers of Gardens of Mayfield Village

[View detailed ownership information on all nursing homes](#)

OWNER  
5% or greater direct ownership interest

WEISZ, MORDECHAI (100%)  
since 12/31/2021

DIRECTOR

KATZ, LARRY

since 12/31/2021  
LAHASKY, EPHRAM  
since 12/31/2021

OFFICER

KATZ, LARRY  
since 12/31/2021

LAHASKY, EPHRAM  
since 12/31/2021

MANAGING EMPLOYEE

DEUTSCH, PAUL  
since 12/31/2021

10/5/22, 1:35 PM

https://www.medicare.gov/care-compare/details/nursing-homes/366738...20Heights&state=OH&zipcode=43014&measure=nursing-home-ownership Page 1 of 2

https://www.medicare.gov/care-compare/details/nursing-homes/366738...20Heights&state=OH&zipcode=43014&measure=nursing-home-ownership Page 2 of 2

Gardens of North Olmsted

**Ownership****Legal business name**

Buckeye Forest at North Olmstead LLC

**Ownership type**

For profit - Corporation

**Contact info**

23225 Lorain Rd  
 North Olmsted, OH 44070  
 (440) 779-6900

# EXHIBIT 49

**Owners and managers of Gardens of North Olmsted**[View detailed ownership information on all nursing homes](#)**OWNER**

5% or greater direct ownership interest

LESHKOWITZ, ELI (100%)

since 12/31/2021

**DIRECTOR**

KATZ, LARRY

<https://www.medicare.gov/care-compare/details/nursing-home/26531-2000msted&state=OH&zipcode=44070&measure=nursing-home-ownership>

Page 1 of 2

10/3/22, 2:31 PM

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

**OFFICER**

KATZ, LARRY

since 12/31/2021

LAHASKY, EPHRAM

since 12/31/2021

**MANAGING EMPLOYEE**

SOLTIS, ERIN

since 12/31/2021